United Nations

A/CONF.197/3/Add.2

Second World Assembly on Ageing

Madrid

8-12 April 2002

Distr.: General
6 March 2002

Original: English

Report of the Commission for Social Development acting as the Preparatory Committee for the Second World Assembly on Ageing on the work of its second session

Addendum

Annex IV

Draft international plan of action on ageing, 2002

Consolidated text

02-27658 (E) 270302

Key: [Straight type] Delete

(Bold type) Insert

Italics Proposals and Comments

I. Introduction ***(Group of 77 and China (G77)): proposes to rename "Assessment")***

G77 — There is no need for an introduction. A declaration should be drafted

1. [G77: The International Plan of Action on Ageing, 2002 responds to opportunities and challenges of individual and population ageing in the twenty-first century. The ultimate goal of the Plan is to promote the development of a society for all ages.] ***(Pending)***

G77 proposes alternative text (current para. 10):

The International Plan of Action on Ageing,[1] adopted at the first World Assembly on Ageing in Vienna, has guided the course of thinking and action on ageing over the past 20 years, as crucial policies and initiatives evolved. Issues of human rights for older persons were taken up in 1991 in the formulation of the United Nations Principles for Older Persons,[2] which provided guidance in the areas of independence, participation, care, self-fulfilment and dignity. ***(Content agreed)***

2. The twentieth century saw a revolution in longevity. Average life expectancy at birth has increased by 20 years since 1950 to 66 years and is expected to extend a further 10 years by 2050. This demographic triumph and the fast growth of the population in the first half of the twenty first century mean that the number of persons over 60 will increase from about 600 million in 2000 to almost 2,000 million in 2050 and the proportion of persons defined as older is projected to increase globally from 10 per cent in 1998 to 15 per cent in 2025. The increase will be greatest and most rapid in developing countries where the older population is expected to quadruple during the next 50 years. In Asia and Latin America, the proportion of persons classified as older will increase from 8 to 15 per cent between 1998 and 2025, although in Africa the proportion is only expected to grow from 5 to 6 per cent during the period but then doubling by 2050. In sub-Saharan Africa, where the struggle with the HIV/AIDS pandemic and with economic and social hardship continues, the percentage will reach half that level. In Europe and North America, between 1998 and 2025, the proportion of persons classified as older will increase from 20 per cent to 28 per cent and 16 per cent to 26 per cent. Such a global demographic transformation has profound consequences for every aspect of individual, community, national and international life. Every facet of humanity will evolve: social, economic, political, cultural, psychological and spiritual. ***(Agreed)***

3. The modern world has unprecedented wealth and technological capacity and has presented extraordinary opportunities: (a) to empower men and women to reach old age in better health, and with more fully realized well-being; (b) to seek the full inclusion and participation of older persons in societies; (c) to enable older persons to contribute more effectively to their communities and to the development of their societies; and (d) to steadily improve care and support for older persons as they need it. Concerted action is required to transform the opportunities and the quality of life of men and women as they age and to ensure the sustainability of their support systems, thus building the foundation for a society for all ages. When ageing is

embraced as an achievement, the reliance on human skills, experience and resources of the higher age groups is naturally recognized as an asset in the growth of mature, fully integrated, humane societies. ***(Agreed)*** **(G77: move paragraph to proposed declaration)**

4. The remarkable demographic transition under way will result in the old and the young representing an equal share of the world's population by mid-century. Globally, the proportion of persons aged 60 years and older is expected to double between 2000 and 2050, from 10 to 21 per cent, whereas the proportion of children is projected to drop by a third, from 30 to 21 per cent. In certain developed countries and countries with economies in transition, the number of older persons already exceeds the number of children and birth rates have fallen below replacement levels. In some developed countries, the number of older persons will be more than twice that of children by 2050. (In developed countries the average of 71 men per hundred women is expected to increase to 78. In the less developed regions, older women do not outnumber older men to the same extent as in the developed regions, since gender differences in life expectancy are generally smaller. Current sex ratios in developing countries average 88 men per hundred women among those 60 and older, and are projected to change slightly to 87 by mid-century.) ***(Agreed)*** **(G77 suggests merging last 3 sentences with para. 2)**

5. Population ageing is poised to become a major issue in developing countries, which are projected to age swiftly in the first half of the twenty-first century. The proportion of older persons is expected to rise from 8 to 19 per cent by 2050, while that of children will fall from 33 to 22 per cent. This demographic shift presents a major resource challenge. Though developed countries have been able to age gradually, they face challenges resulting from the relationship between ageing and unemployment and sustainability of pension systems, while developing countries face the challenge of simultaneous development and population ageing. ***(Agreed)***

5 bis There are other major demographic differences between developed and developing countries. While the overwhelming proportion of older persons in developed countries live in areas classified as urban, today the majority of older persons in developing countries live in rural areas. Demographic projections suggest that by 2025, 82 per cent of the population of developed countries will live in urban areas, while less than half of the population of developing countries will live there. In developing countries, the proportion of older persons in rural areas is higher than in urban areas. Although further study is needed on the relationship between ageing and urbanization, the trends suggest that in the future in rural areas of many developing countries there will be a larger population of older persons. ***(agreed)***

Significant differences also exist between developed and developing countries in terms of the kinds of households in which older persons live. In developing countries a large proportion of older persons live in multi-generational households. These differences imply that policy actions will be different in developing and developed countries. ***(Agreed)***

6. ***(G77: delete para. 6) (agreed)***

7. The fastest growing group of the older population is the oldest old, that is, those who are 80 years or more. In 2000, the oldest old numbered 70 million and their numbers are projected to increase to more than five times that over the next 50 years. ***(Agreed)***

7 bis Older women outnumber older men, increasingly so as age increases. The situation of older women everywhere must be a priority for policy action. Recognizing the differential impact of ageing on women and men is integral to ensuring full equality between women and men and to the development of effective and efficient measures to address the issue. It is therefore critical to ensure the integration of a gender perspective into all policies, programmes and legislation. ***(Agreed)***

8. It is essential to integrate the evolving process of global ageing within the larger process of development. Policies on ageing deserve close examination from the developmental perspective of a broader life course and a society-wide view, taking into account recent global initiatives and the guiding principles set down by major United Nations conferences and summits. ***(Agreed) (G77: move para. 8 to proposed declaration)***

9. The International Plan of Action on Ageing, 2002 calls for changes in attitudes, policies and practices at all levels in all sectors so that the enormous potential of ageing in the twenty-first century may be fulfilled. Many older persons do age with security and dignity and also empower themselves to participate within their families and communities. The aim of the Plan of Action is to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights. While recognizing that the foundation for a healthy and enriching old age is laid early in life, the Plan is intended to be a practical tool to assist policy makers to focus on the key priorities associated with individual and population ageing. The common features of the nature of ageing and the challenges it presents are acknowledged, and specific recommendations are designed to be adapted to the great diversity of circumstances in each country. The Plan recognizes the many different stages of development and the transitions that are taking place in various regions, as well as the interdependence of all countries in a globalizing world. ***(Agreed) (G77: move para. 9 to proposed Actions and Initiatives section)***

10. The International Plan of Action on Ageing,[1] adopted at the first World Assembly on Ageing in Vienna, has guided the course of thinking and action on ageing over the past 20 years, as crucial policies and initiatives evolved. Issues of human rights for older persons were taken up in 1991 in the formulation of the United Nations Principles for Older Persons,[2] which provided guidance in the areas of independence, participation, care, self-fulfilment and dignity. ***(Content agreed — G77 proposes to move to replace para. 1)***

11. A society for all ages, which was the theme for the 1999 International Year of Older Persons, contained four dimensions: individual lifelong development; multigenerational relationships; the interrelationship between population ageing and development; and the situation of older persons. The International Year helped to advance awareness, research and policy action worldwide, including efforts to integrate the issue of ageing in all sectors and foster opportunities integral to all phases of life. ***(Agreed) (G77: move para. 11 to end of proposed Assessment section)***

(Former para. 13 merged with para. 12)

12. The major United Nations conferences and summits and special sessions of the General Assembly and review follow-up processes[3] have set goals, objectives and

commitments at all levels intended to improve the economic and social conditions of everyone. These provide the context in which the specific contributions and concerns of older persons must be placed. Implementing their provisions would enable older persons to contribute fully and benefit equally from development. There are a number of central themes running through the International Plan of Action on Ageing, 2002 linked to these goals, objectives and commitments which include: ***(Agreed ad referendum)***

European Union (EU) proposes new (a):

(The full realization of all human rights and fundamental freedoms [United States of America (USA)/Japan/Canada: (G77: <u>including the right to development</u>)] of [G77: <u>all</u>] older persons;) ***(Pending)***

(a) The achievement of secure ageing, which involves reaffirming the goal of eradicating poverty in old age and building on the United Nations Principles for Older Persons; ***(Agreed)***

(b) Empowerment of older persons to fully and effectively participate in the economic, political and social lives of their societies, including through income-generating and voluntary work; ***(Agreed)***

(c) Provision of opportunities for individual development, self-fulfilment and well-being throughout life as well as in late life, through, for example, access to life-long learning and participation in the community while recognizing that older persons are not one homogeneous group; ***(Agreed)***

(d) Ensuring the full enjoyment of economic, social and cultural rights, and civil and political rights of persons and the elimination of all forms of violence and discrimination against older persons; ***(Agreed)***

(e) Commitment to gender equality among older persons through, inter alia, elimination of gender-based discrimination; ***(Agreed)***

(f) Recognition of the crucial importance of families, intergenerational interdependence, solidarity and reciprocity for social development; ***(Agreed)***

(g) Provision of health care, support and social protection for older persons, including preventive and rehabilitative health care; ***(Agreed)***

(h) Facilitating partnership between all levels of government, civil society, the private sector and older persons themselves in translating the International Plan of Action into practical action; ***(Agreed)***

(i) Harnessing of scientific research and expertise and realizing the potential of technology to focus on, inter alia, the individual, social and health implications of ageing, in particular in developing countries. ***(Agreed)***

Canada reserves position on (j) as to exact placing of text:

(j) Recognition of the situation of ageing indigenous persons, their unique circumstances and the need to seek means to give them an effective voice in decisions directly affecting them. ***(Agreed)***

14. (US/Canada/EU: The full realization of human rights and fundamental freedoms of all older persons is essential for the creation of an inclusive society

for all ages in which older persons participate fully and on the basis of equality.) [US/Canada/EU: [China: A human rights based approach to development in general] **(China: A development-based approach to human rights)** and societal ageing in particular is essential for the creation of an inclusive society for all ages, in which older persons participate fully] **(Canada: and on the basis of equality.)** [US/EU/Canada: Age discrimination must be eradicated in all of its insidious forms and the achievements and dignity of older persons afforded the respect they [Canada: command]] **(EU/Canada: This includes combating age discrimination and promoting the achievements and dignity of older persons to ensure that they are afforded the respect they deserve.)** At the same time, in the spirit of a society for all ages, the rights of older persons should not be incompatible with those of other age groups and the reciprocal relationships between the generations must be nurtured and encouraged. **(EU: through comprehensive and effective dialogues among and between generations.)** ***(Pending) (G77: move para. 14 to proposed declaration)***

EU proposes alternative text:

The full realization of all human rights and fundamental freedoms of [all] older persons [US/Canada (Brazil/Syria: including the right to development)] is essential for the creation of an inclusive society for all ages in which older persons participate fully and on the basis of equality. (Brazil/Colombia: [Libya/Syria: A human rights-based approach to development] (China/Libya/Syria: A development-based approach to human rights) in general and societal ageing in particular, is essential.) This includes combating age discrimination and promoting the achievements and dignity of older persons to ensure that they are afforded the respect they deserve. At the same time, in the spirit of a society for all ages, the rights of older persons should not be incompatible with those of other age groups and the reciprocal relationships between the generations must be nurtured and encouraged through comprehensive and effective dialogues among and between generations. ***(Pending)***

Facilitator proposed text:

(The full realization of all human rights and fundamental freedoms (Cuba: including the right to development) of older persons is essential for the creation of an inclusive society for all ages in which older persons to participate fully (Brazil: and equally) and without discrimination [US: and on the basis of equality]. Combating discrimination based on age, while promoting the dignity of older persons, is fundamental to ensuring the respect that they deserve. [Cuba/Algeria: An approach to development which] (EU/Brazil/Argentina: is based on) [EU/Brazil/Suriname: Takes into account] the full realization of all human rights (Suriname: including the right to development) (US/Brazil/Argentina: and fundamental freedoms), [EU: particularly, on societal ageing] is important in order to achieve a society for all ages. In this, the reciprocal relationship between and among generations must be nurtured, emphasized and encouraged through a comprehensive and effective dialogue.)

Algeria proposed alternative text:

(The promotion and protection of all human rights, including the right to development, and fundamental freedoms of older persons is essential for the

creation of an inclusive society for all ages in which older persons participate fully on the basis of equality. This includes combating age discrimination and promoting the achievements and dignity of older persons to ensure that they are afforded the respect they deserve. At the same time, in the spirit of a society for all ages, the rights of older persons should not be incompatible with those of other age groups and reciprocal relationships between the generations must be nurtured and encouraged through comprehensive and effective dialogues among and between generations.)

(G77 proposes new subtitle: Objectives, Actions and Initiatives)

15. The recommendations for action are organized according to three priority directions: older persons and development; advancing health and well being into old age; and ensuring enabling and supportive environments. The extent to which the lives of older persons are secure is strongly influenced by progress in these three directions. The priority directions are designed to guide policy formulation and implementation towards the specific goal of successful adjustment to an ageing world, in which success is measured in terms of social development, the improvement for older persons in quality of life and in the sustainability of the various systems — formal and informal — that underpin the quality of well-being throughout the life course. ***(Agreed)***

16. Mainstreaming ageing into global agendas is essential. A concerted effort is required to move towards a wide and equitable approach to policy integration. The task is to link ageing to other frameworks for social and economic development and human rights. Whereas specific policies will vary according to country and region, population ageing is a universal force that has the power to shape the future as much as globalization. It is essential to recognize the ability of older persons to contribute to society by taking the lead not only in their own betterment but also in that of society as a whole. Forward thinking calls us to embrace the potential of the ageing population as a basis for future development. ***(Agreed) (G77: move para. 16 to proposed declaration)***

II. Recommendations for action ***(G77: delete)***

17. Governments have the primary responsibility to provide leadership on ageing matters and on the implementation of the Plan of Action on Ageing but effective collaboration between national and local governments, international agencies, older persons themselves and their organizations, other parts of civil society, including non-governmental organizations, and the private sector is essential. The implementation of the Plan of Action will require the partnership and involvement of many stakeholders: professional organizations; corporations; workers and workers organizations; cooperatives; research, academic, and other educational and religious institutions; and the media. ***(Agreed) (G77: Move paragraph to proposed declaration)***

G77 proposes including an "Objectives" section listing all the objectives currently in the text.

G77 suggests including an "Assessment" section.

G77 suggests including a "New Challenges" section to refer to the political and economic situation of developing countries.

A. Priority direction I: Older Persons and Development ***(G77: move title to proposed Actions and Initiatives section) (Agreed)***

18. Older persons must be full participants in the development process and also share in its benefits. No individual should be denied the opportunity to benefit from development. The impact of population ageing on the socio-economic development of society, combined with the social and economic changes taking place in all countries engender the need for urgent action to ensure the continuing integration and empowerment of older persons. In addition, migration, urbanization, the shift from extended to smaller, mobile families, lack of access to technology that promotes independence and other socio-economic changes can marginalize older persons from the mainstream of development, taking away their purposeful economic and social roles and weakening their traditional sources of support. ***(Agreed)***

19. Whereas development can benefit all sectors of society, sustained legitimacy of the process requires introduction and maintenance of policies that ensure the equitable distribution of the benefits of economic growth. One of the principles in the Copenhagen Declaration and Programme of Action is the creation of a framework by Governments to fulfil their responsibility for present and future generations by ensuring equity across the generations. ***(G77: Link to paragraph 85 and move to proposed Assessment section).*** Furthermore, the Millennium Summit affirmed the long-term imperative of eradicating poverty and fulfilling the social and humanitarian goals set up by the global conferences of the 1990s. ***(Agreed)***

20. ***Delete paragraph 20 (Agreed)***

21. The attention of policy makers has been seized by the simultaneous need to adjust to the effects of an ageing labour force while improving labour productivity and competitiveness and also ensuring the sustainability of social protection systems. Where appropriate, multi-faceted reform strategies should be implemented in order to place pension systems on a sound financial footing. ***(Agreed)***

22. ***Delete paragraph 22 (Agreed)***

Issue 1: Active participation in society and development

23. A society for all ages encompasses the goal of providing older persons with the opportunity to continue contributing to society. To work towards this goal, it is necessary to remove whatever excludes or discriminates against them. The social and economic contribution of older persons reaches beyond their economic activities. They often play crucial roles in families and in the community. They make many valuable contributions that are not measured in economic terms: care for family members, productive subsistence work, household maintenance and voluntary activities in the community. Moreover, these roles contribute to the preparation of the future labour force. All these contributions, including those made through unpaid work in all sectors by persons of all ages, particularly women, should be recognized. ***(Agreed)***

G77 proposes "Objectives, Actions and Initiatives" section

24. Participation in social, economic, cultural, sporting, recreational and volunteer activities also contribute to the growth and maintenance of personal well-being.

Organizations of older persons are an important means of enabling participation through advocacy and promotion of multigenerational interactions. *(Agreed)*

25. Objective 1: Recognition of the social, cultural, economic and political contribution of older persons. *(Agreed) (G77: move objective 1 to proposed Objectives section and merge with para. 103)*

Actions

(a) Ensure the full enjoyment of all human rights and fundamental freedoms by promoting the implementation of human rights conventions and other human rights instruments, particularly in combating all forms of discrimination; *(Agreed)*

(b) Acknowledge, encourage and support the contribution of older persons to families, communities and the economy; *(Agreed)*

(c) Provide opportunities, programmes and support to encourage older persons to participate or continue to participate in cultural, economic, political, social life and lifelong learning; *(Agreed)*

(d) Provide information and access to facilitate the participation of older persons in mutual self-help, intergenerational community groups and opportunities for realizing their full potential; *(Agreed)*

(e) Create an enabling environment for volunteering at all ages, including public recognition, and facilitate the participation of older persons who may have little or no access to the benefits of engaging in volunteering; *(Agreed)*

(f) Promote a wider understanding of the cultural, social and economic role and continuing contribution of older persons to society, including that of unpaid work. *(Agreed as redrafted by Chair)*

(Following two actions may be reworded if relocated.)

Older persons should be treated fairly and with dignity regardless of disability or other status and be valued independently of their economic contribution. *(Agreed text pending location) (Canada proposes to move to end of para 23. EU to move to para. 23/24)*

Take account of the needs of older persons and to respect the right to live in dignity in all stages of life. *(Agreed) (EU/G77 propose to move to para. 23/24)*

Promote favourable attitudes among employers of the productive capacity of older workers conducive to their continued employment and promote awareness of their worth in the labour market, including their self-awareness. *(Agreed)*

New action:

Promote civic and cultural participation as strategies to combat social isolation and support empowerment *(Agreed. Location to be decided)*

(G77: merge para. 25 with para. 103)

26. Objective 2: Participation of older persons in decision-making processes at all levels

Actions *(G77: move actions to proposed Actions and Initiatives section)*

(a) Take into account the needs and concerns of older persons in decision-making at all levels; ***(Agreed)***

(b) Encourage, when they do not already exist, the establishment of organizations of older persons at all levels to, inter alia, represent older persons in decision-making; ***(Agreed)***

(c) Take measures to enable the full and equal participation of older persons, in particular older women in decision-making at all levels; ***(Agreed)***

(d) ***(Deleted/Agreed)***

Issue 2: Work and the ageing labour force

27. Older persons should be enabled to continue with income generating work for as long as they want and for as long as they are able to do so productively. Unemployment, under-employment and labour market rigidities often prevent this, thus restricting opportunities for individuals and depriving society of their energies and skills. Implementation of commitment 3 of the Copenhagen Declaration of the World Summit for Social Development on promoting the goal of full employment is fundamentally important for these very reasons, as are the strategies and policies outlined in that Summit's Programme of Action and the further initiatives for growth of employment recommended by the twenty-fourth special session of the General Assembly. There is a need to increase awareness in the workplace of the benefits of maintaining an ageing work force ***(Agreed)***

28. In developing countries and countries with economies in transition, most persons who are now old and who work are engaged in the informal economy, which often deprives them of the benefits of adequate working conditions and social protection provided by the formal sector economy. The life expectancy in many developed countries and countries with economies in transition exceeds the established retirement or pension age. In these countries, moreover, fewer persons are entering the labour market because of the decrease in the birth rate; this trend is often accompanied, by age discrimination. Labour shortages are likely to occur as a result of the decline in the pool of young persons entering the labour market, of the ageing workforce and of the tendency towards early retirement. In this context, policies to extend employability, such as flexible retirement new work arrangements, adaptive work environments and vocational rehabilitation for older persons with disabilities are essential and allow older persons to combine paid employment with other activities. ***(Agreed)***

29. [US/G77: [Canada: The position] **(Canada: problems)** of older women in the labour force deserves special attention: This includes, inter alia, [at present older women commonly receive] lower salaries and [experience] lack of career [Canada: progression] **(Canada: development)** due to interrupted work histories, family care obligations and greater difficulty finding employment after losing work]. [EU:**(US/G77: Factors affecting older women in the labour market deserve special attention.)** These factors [Canada/G77: are typically responsible for lower pensions] **(Canada/G77: affect women's engagement in paid work, their ability to build pensions and other resources for their retirement. Lack of family-friendly policies regarding the organization of work has increased these difficulties. Poverty and low income during women's earning years lead to poverty in old age).** An integral goal of the International Plan of Action is to achieve age diversity and gender balance in the workplace. ***(Pending)***

Facilitator proposed alternative text:

(Factors affecting older women in the labour market deserve special attention, particularly those factors which affect women's engagement in paid work, such as, inter alia, lower salaries, lack of career development due to interrupted work histories, family care obligations etc., their ability to build pensions and other resources for their retirement. A lack of family-friendly policy regarding the organization of work can increase these difficulties. Poverty and low income during women's earning years often can lead to poverty in old age. An integral goal of the International Plan of Action is to achieve age diversity and gender balance in the workplace.) ***(Agreed ad referendum)***

30. In addressing the goal of employment for all, it must be recognized that the continued employment of older workers need not reduce labour market opportunities for younger persons and provides ongoing and valuable contribution to the improvement of national economic performance and output which in turn can benefit all members of society. The overall economy can also benefit from other plans to use older workers experience and skills to train younger and newer employees. ***(Agreed ad referendum)***

30 bis [G77: (Canada: Potential labour shortages (US: could [would]) necessitate major changes in existing incentive structures, to encourage more workers to willingly defer full retirement and continue to be employed, whether as part-time or as full-time employees. [US: But this entails making significant adjustments to the workplace environment and working conditions to ensure that older workers have the capacity (i.e. skills, health) to remain employed into their later years.]] Human resource management practices and policies will have to take into account and address some of the specific needs of older employees. This suggests [G77: moreover,] that employers, unions and human resource personnel should pay closer attention to emerging workplace practices, both domestic and international that might facilitate the retention and productive fulfilment of older workers in the workforce. [G77/EU: Propos. workplace innovative measures may include flexible scheduling, voluntary work-time reduction, employer-funded retraining, work or job sharing, flexible transfers and relocation policies, gradual retirement plans, work-life balance and long service recogaition measures such as extended annual vacations).] ***(Pending)***

Facilitator proposed alternative text:

Where potential labour shortages exist, this could necessitate major changes in existing incentive structures, to encourage more workers to willingly defer full retirement and continue to be employed, whether as part-time or as full-time employees. Human resources management practices and policies should [US: have to] take into account and address some of the specific needs of older employees. Significant adjustments may be needed to the workplace environment and working conditions to ensure that older workers have skills, health and capacity to remain employed into their later years. This suggests that employers, [Canada: unions] **(Canada: workers organizations)** and human resource personnel should pay closer attention to emerging workplace practices, both domestic and international that might facilitate the retention and productive fulfilment of older workers in the workforce. ***(Pending)***

31. Objective 1: Employment opportunities for all older persons who want to work. ***(Agreed)***

Actions

(a) ***Delete action (Agreed)***

(New action)

Place employment growth at the heart of macroeconomic policies, for example by ensuring that labour market policies aim to foster high rates of growth in production and employment for the benefit of persons of all ages; ***(Agreed)***

(New action)

Enable older persons to continue working as long as they want to work and are able to do so. ***(Agreed)***

(b) Take action to increase participation in the labour market of the working age population and to reduce the risk of exclusion or dependency in later life. This action is to be promoted through policies such as, inter alia, increasing older women's participation, sustainable work-related health care services with emphasis on prevention, promotion of occupational health and safety to maintain work ability, and access to technology, life-long learning, continuing education, on-the-job training, vocational rehabilitation and flexible retirement arrangements, as well as striving to reintegrate the unemployed and persons with disabilities into the labour market; ***(Agreed)***

(c) Make special efforts to raise the participation rate of women and disadvantaged groups such as the long-term unemployed and persons with disabilities, thereby reducing the risk of their exclusion or dependency in later life; ***(Agreed)***

(d) Promote self-employment initiatives for older persons, inter alia, by encouraging small and micro-enterprise development and ensuring access to credit for older persons, without any discrimination in particular gender discrimination; ***(Agreed)***

(e) Assist older persons already engaged in informal sector activities by improving their income, productivity and working conditions; ***(Agreed)***

(f) Eliminate age barriers in the formal labour market by promoting recruitment of older persons and preventing the onset of disadvantages experienced by ageing workers in employment. ***(Agreed)***

(g) Apply the principle of flexible retirement [**US**: and age diversity in employment] policies and practices, [**EU**: for example by phasing out [**Japan/Australia**: all forms of] **(Japan/Australia: unreasonable)** mandatory retirement] **(EU: while maintaining acquired pension rights and promoting a new approach to retirement that takes account of the needs of the individual (Republic of Korea: employee) as well as the employer. (Canada: Possible measures to achieve this goal may include reducing the incentives and pressures for early retirement.)** ***(Pending)***

G77 proposes alternative text:

(Apply the principle of flexible retirement arrangements in employment policies and practices.)

Facilitator proposed alternative text:

Apply **(US: promote)** the principle of flexible retirement arrangements in employment policies and practices **[G77:** taking into account the needs of individual employees and employers.] ***(Pending)***

EU/US proposal to merge (g) and (i):

[G77: Promote a new approach to retirement that takes account of the needs of the employee as well as the employer, in particular by applying the principle of flexible retirement policies and practices, while maintaining acquired pension rights. Possible measures to achieve this goal may include reducing the incentives and pressures for early retirement and removing disincentives to working beyond retirement age.]

(h) Recognize and accommodate the caring responsibilities of increasing proportions of workers for older family members and persons with disabilities and persons with chronic diseases, including HIV/AIDS, by developing, inter alia, family-friendly and gender-sensitive policies aimed at reconciling work and care giving responsibilities; ***(Agreed)***

(i) Remove disincentives to working beyond retirement age, [EU: for example by] **(EU: while) (G77: through, inter alia)** protecting acquired pension rights, disability benefit rights, and health benefits from being affected by delayed retirement age. ***(Pending)***

Facilitator proposed alternative text:

New sub-para.

to be placed just after para. 31 (g)

Remove disincentives to working beyond retirement age, for example through, inter alia, protecting acquired pension rights, disability benefit rights and health benefits from being affected by delayed retirement age. ***(Agreed)***

(j) Promote new work arrangements and innovative workplace practices aimed at sustaining working capacity and accommodating the needs of workers as they age, inter alia, by setting up employee assistance programmes; ***(Agreed)***

(k) Support workers in making informed decisions about the potential financial, health and other impacts, of a longer participation in the work force; ***(Agreed)***

(l) Promote a realistic portrait of older workers' skills and abilities by correcting damaging stereotypes about older workers or job candidates; ***(Agreed)***

(m) Take into account older workers' interests when policy or decision makers approve business mergers so that they are not subject to more disadvantages, reduction of benefits or loss of employment than their younger counterparts. ***(Agreed)***

Issue 3: Rural development, migration and urbanization

32. In many developing countries, and countries with economies in transition, the ageing population is marked in rural areas, owing to the exodus of young adults. Older persons may be left behind without traditional family support and even without adequate financial resources. Policies and programmes for food security and agricultural production must take into account the implications of rural ageing. Older women in rural areas are particularly economically vulnerable, especially when their role is restricted to non-remunerated work for family upkeep and they are dependent on others for their support and survival. Older persons in rural areas in developed countries and countries with economies in transition often still lack basic services and have insufficient economic and community resources. ***(Agreed) (Pending G77 proposal to relocate following para. 12)***

33. Migration flows have increased domestically and internationally. In developing countries and countries with economies in transition, economic support including remittances from children abroad is often a vital lifeline to older persons and through them to their communities and local economies. **[US/Canada: Yet legal international migration is often tightly restricted]**. As international migrants from earlier decades grow older, some Governments are seeking to assist older migrants. ***(Pending)***

34. The urban setting is generally less conducive to sustaining the traditional extended family network and reciprocity system than are rural areas. Older migrants from rural to urban areas in developing countries often face loss of social networks and suffer from lack of supporting infrastructure in cities, which can lead to their marginalization and exclusion, particularly if they are ill or disabled. In countries with a long history of rural to urban migration and the expansion of underdeveloped cities, there is a growing population of poor older persons. The urban setting for the older migrant in developing countries and countries with economies in transition is often one of crowded housing, poverty, loss of economic autonomy and little physical and social care from family members who must earn their living outside the home. ***(Agreed pending possible editing of first sentence and relocation to 13 quater.)***

35. Objective 1: Improvement of living conditions and infrastructure in rural areas. ***(Agreed)***

Actions

(a) Strengthen the capacity of ageing farmers through continued access to financial and infrastructure services and training for improved farming techniques and technologies; ***(Agreed)***

(b) Encourage the establishment and revitalization of small-scale enterprises by providing funding or support for income-generating projects and rural cooperatives and by widening economic diversification; ***(Agreed)***

(c) Foster the development of local financial services, including microcredit schemes and microfinance institutions) in under-served rural areas to encourage investment; ***(Agreed)***

(d) Promote ongoing adult education, training and retraining in rural and remote areas; ***(Agreed)***

(e) Connect rural and remote populations to the knowledge-based economy and society; ***(Agreed)***

EU proposes new action (f):

Ensure that the rights of older women in rural and remote areas are taken into account with regard to their equal access to and control of economic resources. ***(Agreed)***

(new g) Encourage appropriate social protection/social security measures for older persons in rural and remote areas; *(Pending)*

(new h) Ensure universal access to basic social services in rural and remote areas that take into account the needs of older persons. *(Pending)*

36. *Objective 2*: Alleviation of the marginalization of older persons in rural areas. ***(G77: Move to proposed Objectives section)***

Actions ***(G77: move actions to proposed Actions and Initiatives section)***

(a) Design and implement programmes and provide services to sustain the independence of older persons in rural areas, including older persons with disabilities; ***(Agreed)***

(b) Facilitate and strengthen traditional rural and community support mechanisms; ***(Agreed)***

(c) Focus support on older persons in rural areas without kin, particularly older women who face a longer old age often with fewer resources; ***(Agreed)***

(d) Give priority to the empowerment of older women in rural areas through access to financial and infrastructure services. ***(Agreed)***

(e) Promote innovative rural and community support mechanisms, including, inter alia, those that facilitate the exchange of knowledge and experience among older persons; ***(Agreed)***

37. *Objective 3*: Integration of older migrants within their new communities. ***(Agreed)***

Actions

(a) Encourage supportive social networks for older migrants; ***(Agreed)***

(b) Design measures to assist older migrants to sustain economic and health security; ***(Agreed)***

(c) Develop community-based measures, to prevent or offset the negative consequences of urbanization, such as establishment of centres for older persons; ***(Agreed)***

(d) Encourage housing design to promote intergenerational living, where culturally appropriate and individually desired; ***(Agreed)***

(e) Assist families to share accommodation with older family members who desire it; ***(Agreed)***

(e) bis Develop policies and programmes that facilitate as appropriate, and consistent with national laws the integration of older migrants into the social, cultural, political and economic life of countries of destination (and) that encourage respect for them; ***(Agreed)***

(f) Remove language and cultural barriers when providing public services to older migrants. ***(Agreed)***

Issue 4: Access to knowledge, education and training ***(Australia: Move after Issue 2)***

38. Education is a crucial basis for an active and fulfilling life. The Millennium Summit made a commitment to ensure that by 2015 all children complete a full course of primary schooling. A knowledge-based society requires that policies be instituted to ensure lifelong access to education and training. Continuing education and training are essential to ensure the productivity of both individuals and nations. ***(Agreed) (G77: Move to proposed Assessment section)***

39. At the present time, developing countries have a large number of persons reaching old age with minimal literacy and numeracy, which limits their capacity to earn a livelihood and may thus influence their enjoyment of health and well-being. In all countries lifelong education and training is also a prerequisite for the participation of older persons in employment. ***(Agreed) (G77: Move to Assessment section)***

39 bis A workplace with a diverse age distribution creates an environment where individuals can share skills, knowledge and experience. This kind of mutual training can be formalized in collective agreements and policies or left to informal practices. ***(Agreed)***

40. Older persons facing technological change without education or training can experience alienation. In the future, older persons will benefit from increased access to education when they were younger, although levels of illiteracy remain high in many areas of the world. Measures should be taken to enable older persons to have access to take part in and to adjust to technological changes. Technology can bring persons together thus contributing to reducing marginalization, loneliness and segregation between the ages. **[G77: (EU: to promoting the full enjoyment of all human rights and fundamental freedoms, [Canada/US: <u>including the right to development</u>.)] including the (US: (*only one reference in entire document*) civil, cultural, economic, political and social rights, including the right to development]) (EU: and to [<u>ensuring</u>] (US: improving) access to basic social services for all.)]** ***(Pending)***

40 bis Training, retraining and education are important determinants of a worker's ability to perform and adapt to workplace changes. Technological and organizational changes may render an employee's skills obsolete and dramatically depreciate the value attached to previously accumulated work experience. Greater emphasis on access to knowledge, education and training opportunities is needed for older persons in the workforce. These persons often experience more difficulties adapting to technological and organizational changes than younger workers, particularly when considering the increasingly widespread use of information technologies. ***(Agreed) (G77: move to proposed Assessment section)***

41. Objective 1: Equality of opportunity throughout life with respect to continuing education, training and retraining as well as vocational guidance and placement services. ***(Agreed)***

Actions ***(G77: Move actions to proposed Actions and Initiatives section)***

(a) Achieve a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults; ***(Agreed)***

(b) Encourage and promote literacy, numeracy and technological skills training for older persons and the ageing workforce, including specialized literacy and computer training for older persons with disabilities; ***(Agreed)***

(c) Implement policies that promote access to training and retraining for older workers and encourage them to continue to use their acquired knowledge and skills after retirement; ***(Agreed)***

(d) **(delete paragraph)** ***(Agreed)***

(e) Ensure that the benefits of new technologies, especially information and communication technologies, are available to all, taking into account the needs of older women; ***(Agreed)***

(f) Develop and disseminate user-friendly information to assist older persons to be able to respond effectively to the technological demands of everyday life; ***(Agreed)***

(g) Encourage the design of computer technology and print and audio materials that take account of the changes in physical abilities and visual capacity of older persons. ***(Agreed)***

(h) Encourage further research to better determine the relationship between training and productivity so as to clearly demonstrate to both employers and employees the benefits of continuous training and education of older persons. ***(Agreed)***

42. Objective 2: Full utilization of the potential and expertise of persons of all ages, recognizing the benefits of increased experience with age. ***(Agreed)***

(G77: Move objective 2 to proposed Objectives section)

Actions ***(G77: Move actions to proposed Actions and Initiatives section)***

(new (a)) Consider measures to fully utilize the potential and expertise of older persons in education; ***(Agreed)***

(a) Provide opportunities within educational programmes for the exchange of knowledge and experience between generations, including the use of new technologies; ***(Agreed)***

(b) Enable older persons to act as mentors, mediators and advisers; ***(Agreed)***

(c) Encourage and support traditional and non-traditional multigenerational mutual assistance activities in the family, the neighbourhood and the community with a clear gender perspective; ***(Agreed)***

(d) Encourage older volunteers to offer their skills in all fields of activities, in particular information technologies; ***(Agreed)***

Canada proposes new action:

[G77: (Raise the awareness of employers (EU: and workers organizations) of the value of retraining of older workers, particularly women.)] ***(Pending)***

(G77: *New Canadian proposal could go just after 31 (c) or be incorporated into it at the end as inter alia, or can be withdrawn.*)

(e) Encourage the utilization of the social cultural and educational knowledge and potential of older persons. *(Agreed)*

Issue 5: Intergenerational solidarity

43. Solidarity between generations at all levels — in families, communities and nations — is fundamental for the achievement of a society for all ages. Solidarity is also a major prerequisite for social cohesion and a foundation of formal public welfare and informal care systems. Changing demographic, social and economic circumstances require the adjustment of pension, social security, health and long-term care systems to sustain economic growth and development and to ensure adequate and effective income maintenance and service provision. *(Agreed) (G77: move para. 43 to proposed Assessment section)*

44. At the family and community level, intergenerational ties can be valuable for everyone. Despite geographic mobility and other pressures of contemporary life that can keep persons apart, the great majority of persons in all cultures maintain close relations with their families throughout their lives. These relationships work in both directions, with older persons often providing significant contributions both financially and, crucially, in the education and care of grandchildren and other kin. All sectors of society, including Governments, should aim to strengthen those ties. Nevertheless, it is important to recognize that living with younger generations is not always the preferred or best option for older persons. *(Agreed) (G77: move to proposed Assessment section)*

45. Objective 1: Strengthening of solidarity through equity and reciprocity between generations. *(Agreed) (G77: Move objective 1 to proposed Objectives section)*

Actions *(G77: move actions to proposed Actions and Initiatives section)*

(a) Promote understanding of ageing through public education as an issue of concern to the entire society; *(Agreed)*

(b) Consider reviewing existing policies to ensure that they foster solidarity between generations and thus promoting social cohesion; *(Agreed)*

(c) Develop initiatives aimed at promoting mutual, productive exchange between the generations, focusing on older persons as a societal resource; *(Agreed)*

(d) Maximize opportunities for maintaining and improving intergenerational relations in local communities, inter alia, by facilitating meetings for all age groups and avoiding generational segregation; *(Agreed)*

(d) bis Consider the need to address the specific situation of the generation that has to care at the same time for their parents, their own children and grandchildren; *(Agreed)*

(e) Promote and strengthen solidarity among generations and mutual support as a key element for social development; *(Agreed)*

(f) Initiate research on the advantages and disadvantages of different living arrangements for older persons, including familial co-residence and independent living in different cultures and settings. *(Agreed)*

Issue 6: Eradication of poverty ***(EU: issue 6 should come after current issue 7)***

(Chair's draft for paras. 46, 47 and 51)

46. The struggle against poverty among older persons aiming towards its eradication is a fundamental aim of the Plan of Action on Ageing. Although global attention has recently been focused more actively on poverty eradication targets and policies, older persons in many countries still tend to be excluded from these policies and programmes. Where poverty is endemic, persons who survive a lifetime of poverty often face an old age of deepening poverty. ***(Agreed) (G77: move para. 46 to proposed Assessment section)***

47. For women, institutional biases in social protection systems, in particular those based on uninterrupted work histories, contribute further to the feminization of poverty. Gender inequalities and disparities in economic power-sharing, unequal distribution of unremunerated work between women and men, lack of technological and financial support for women's entrepreneurship, unequal access to, and control over capital, particularly land and credit and access to labour markets, as well as all harmful traditional and customary practices have constrained women's economic empowerment and exacerbated the feminization of poverty. In many societies, female-headed households, including divorced or separated, unmarried women and widows are at particular risk of poverty. Special social protection measures are required to address feminization of poverty, in particular among older women. ***(Agreed) (G77: move para. 47 to proposed Assessment section)***

47 bis Older persons with disabilities are also at greater risk of poverty than the non-disabled older persons partly because of workplace discrimination, including employer discrimination and the absence of workplace accommodations of their needs. ***(Agreed)***

48. Objective 1: Reduction of poverty among older persons. ***(Agreed)***

(G77: move to proposed Objectives section)

Actions ***(G77: move to proposed Actions and Initiatives section)***

(new (a)) [G77: (**US: Reaffirm the agreed target of reducing**)] [US: Reduce] the proportion of persons living in extreme poverty including older persons by one half by 2015, [G77: with a view to eradicating poverty].) ***(Pending)***

(a) Include older persons in policies and programmes to reach the poverty reduction target; ***(Agreed)***

(b) Promote equal access to employment and income generation opportunities, credit, markets and assets for older persons; ***(Agreed)***

(c) Ensure that the particular needs of older women, the oldest old, older persons with disabilities and those living alone are specifically addressed in poverty eradication strategies and implementation programmes; ***(Agreed)***

(d) (Develop (**G77: and encourage the use of**) [EU: age-relevant] [EU: **(G77/US/Canada: at the national level)**] **(EU: at all appropriate levels) (EU: age and gender-relevant)** poverty indicators **(G77/US/Canada: based on age and gender disaggregated data)** as an essential means to identify the needs of [G77/US/Canada: poor] older persons [G77/US/Canada: women and men] [G77:

(EU: , and encourage the use of existing indicators of poverty so that the review is carried out according to age group and gender) (G77/US/Canada: persons living in poverty).]) *(Pending)*

EU proposes alternative text:

(Develop at all appropriate levels, age and gender-relevant poverty indicators as an essential means to identify the needs of poor older women and men and encourage the use of existing indicators of poverty so that the review is carried out according to age group and gender.)

(e) Support innovative programmes to empower older persons, particularly women, to increase their contributions to and benefit from development efforts to eradicate poverty. ***(Agreed)***

G77 proposes new actions:

(Support national efforts to eradicate poverty through all forms of international cooperation.) *(Pending)*

[EU: (Take steps to eradicate poverty in keeping with internationally agreed goals by [US: ensuring] (US: encouraging) that international cooperation assist national efforts to achieve sustainable social and economic support for older persons.)] *(Pending)*

[US: (Strengthen the capacities of developing countries to address the obstacles that hinder the participation in an increasingly globalized economy in order to have better possibility to eradicate poverty among older persons.)] *(Pending)*

[US: (Encourage appropriate fiscal relief measures for older persons of low income.)] *(Pending)*

EU proposal: para. 143 (e) Copenhagen plus 5 to replace all proposed actions above:

(Encourage donor and recipient countries, based on mutual agreement and commitment to fully implement the 20/20 initiative, in line with the Oslo and Hanoi consensus documents, to ensure universal access to basic social services.) *(Pending)*

G77 to propose language on debt relief

Issue 7: Income security, social protection/social security and poverty prevention ***(Agreed) (EU: issue 7 should be placed before issue 6)***

49. Income security and social protection/social security measures, whether contributory or not, include informal as well as highly structured schemes. They are part of a foundation for economic prosperity and social cohesion. ***(Agreed) (G77: move paragraph to proposed Assessment section)***

50. Globalization, structural adjustment programmes, fiscal constraints and a growing older population are often perceived as exerting pressure on formal social protection/social security systems. Sustainability in the provision of adequate income security is of great importance. In developing countries with limited coverage formal systems of social protection/social security, populations are vulnerable to the market shocks and individual misfortunes that strain informal family support. In countries with economies in transition, the economic

transformations have impoverished whole segments of the population, particularly older persons and many families with children. Where it has occurred, hyperinflation has rendered pensions, disability insurance, health benefits and savings almost worthless. ***(Agreed) (G77: move para. to proposed Assessment section)***

51. Appropriate social protection/social security measures are required to address the feminization of poverty, in particular among older women. ***(G77: move paragraph to proposed Assessment section) (Agreed)***

52. **(Objective 1: Promotion of programmes to enable all workers, [US: including those engaged in the informal sector,] (EU: including those performing undeclared work, through transformation of such work into regular employment,) to acquire basic social protection/social security, including where applicable, pensions, disability insurance and health benefits.)** ***(Pending) (G77: move objective 1 to proposed Objectives section)***

Actions ***(G77: move actions to proposed Actions and Initiatives section)***

(a) Develop and implement policies aimed at ensuring that all persons have adequate economic and social protection during old age; ***(Agreed)***

(b) Strive to ensure gender equality in social protection/social security systems; ***(Agreed)***

(c) Ensure where appropriate, that social protection/social security systems cover an increasing proportion of the formal and informal working population; ***(Agreed)***

(d) Consider innovative social protection/social security programmes for persons working in the informal sector; ***(Agreed)***

(e) Introduce programmes to promote employment of low-skilled older workers, giving access to social protection/social security systems; ***(Agreed)***

(f) ([EU: **(G77: strive to)**] **(EU: ensure)** the integrity, **(EU/US: sustainability)** solvency and transparency of [G77/US: formal] pension schemes [G77/EU: **(US: and disability insurance)**]) **(Canada: and disability benefits);** ***(Pending)***

(g) Establish a regulatory framework for private and supplementary pension provision [G77: **(US: and disability insurance)**]. ***(Pending)***

EU proposes new action (h):

Provide advice and counselling services for older persons with regard to all areas of social protection/social security. ***(Agreed)***

53. Objective 2: Sufficient minimum income for all older persons, paying particular attention to socially and economically disadvantaged groups. ***(Agreed) (G77: move objective 2 to proposed Objectives section)***

Actions ***(G77: move actions to proposed Actions and Initiatives section)***

(a) Consider establishing **(EU/Canada: where appropriate,)** a [EU/Canada: universal] non-contributory pension system(.) **(Canada: and disability benefit system.);** ***(G77: delete (a)) (Pending)***

(b) Organize, as a matter of urgency, where they do not exist, social protection/social security systems to ensure minimum income for older persons with no other means of support, most of whom are women, in particular those living alone and who tend to be more vulnerable to poverty; ***(Agreed)***

(c) Take into account the living standards of older persons whenever pension systems and disability insurance, as appropriate, are being reformed; ***(Agreed))***

(d) Take measures to counteract the effects of hyperinflation on pension, disability insurance as appropriate and savings arrangements. ***(Agreed)***

G77 proposes new action:

([US: Strive to ensure] (US: Invite) [that] the international community and international organizations, [Canada: particularly] (Canada: including) the multilateral financial institutions, (US: to work in partnership with NGOs to) assist developing countries and all countries in need in their efforts to achieve basic social protection, particularly for older persons.) ***(Pending) (EU proposes to move to International Action section)***

Issue 8: Emergency situations

54. In emergency situations, such as natural disasters and other humanitarian emergencies, older persons are especially vulnerable and should be identified as such because they may be isolated from family and friends and are less able to find food and shelter. They may also be called upon to assume primary caregiving roles. Governments and humanitarian relief agencies should recognize that older persons can make a positive contribution in coping with emergencies in promoting rehabilitation and reconstruction. ***(Agreed) (G77: move para. 54 to proposed Assessment section)***

55. Objective 1: Equal access by older persons to food, shelter and medical care and other services during and after natural disasters and other humanitarian emergencies. ***(Agreed) (G77: move objective 1 to proposed Objectives section)***

Actions ***(G77: move actions to proposed Actions and Initiatives section)***

G77 proposes new action (a):

Take concrete measures to protect and assist older persons in situations of armed conflict and foreign occupation. ***(Agreed ad referendum)***

(a) [Algeria/Egypt/India/Syria: [Canada/Mexico: Subscribe to] **(Mexico/Canada: Take into account)** the Guiding Principles on Internal Displacement, which include special mention of older persons;] ***(Pending)***

(b) Locate and identify older persons in emergency situations and ensure inclusion of their contributions and vulnerabilities in needs assessment reports; ***(Agreed)***

(c) Raise awareness among relief agency personnel of the physical and health issues specific to older persons and of ways to adapt basic needs support to their requirements; ***(Agreed)***

(d) Aim to ensure that appropriate services are available and that older persons have physical access to them, and that they are involved in planning and delivering services as appropriate; ***(Agreed)***

(d) bis Recognize that older refugees of different cultural backgrounds growing old in new and unfamiliar surroundings are often in special need of social networks and of extra support and aim to ensure that they have physical access to such services. ***(Agreed)***

(e) Make explicit reference to, and design national guidelines for, assisting older persons in disaster relief plans, including disaster preparedness, training for relief workers and availability of services and goods; ***(Agreed)***

(f) Assist older persons to re-establish family and social ties, and address their post-traumatic stress; ***(Agreed)***

(g) Following disasters, put in place mechanisms to prevent the targeting and financial exploitation of older persons by fraudulent opportunists. ***(Agreed)***

(h) Raise awareness and protect older persons from physical, psychological, sexual or financial abuse in emergency situations, paying particular attention to the particular risks faced by women. ***(Agreed)***

New action:

Encourage a more targeted inclusion of older refugees in all aspects of programme planning and implementation, inter alia, by helping active persons to be more self-supporting and by promoting better community care initiatives for the very old. ***(Agreed)***

New action:

Enhance international cooperation, including burden-sharing and coordination of humanitarian assistance to countries affected by natural disasters and other humanitarian emergencies and post conflict situations in ways that would be supportive of recovery and long-term development. ***(Agreed)***

56. Objective 2: Enhanced contributions of older persons to the re-establishment and reconstruction of communities and the rebuilding of the social fabric following emergencies. ***(Agreed) (G77: move objective 2 to proposed Objectives section)***

Actions

(a) Include older persons in the provision of community relief and rehabilitation programmes, including by identifying and helping vulnerable older persons; ***(Agreed)***

(b) Recognize the potential of older persons as leaders in family and community, for education, communication and conflict resolution; ***(Agreed)***

(c) Assist older persons to re-establish economic self-sufficiency through rehabilitation projects, including income-generation, educational programmes and occupational activities, taking into account the special needs of older women; ***(Agreed)***

(d) Provide legal advice and information to older persons in situations of displacement and dispossession of land and other productive and personal assets; ***(Agreed)***

(e) Provide special attention for older persons in humanitarian aid programmes and packages offered in situations of natural disasters and other humanitarian emergencies; ***(Agreed)***

(f) Share and apply, as appropriate, lessons learned from practices that have successfully utilized the contributions of older persons in the aftermath of emergencies. ***(Agreed)***

Priority direction II: Advancing health and well-being into old age ***(G77: move title to proposed Actions and Initiatives section)***

57. Good health is a vital individual asset. Similarly, a high overall level of health of the population is vital for economic growth and the development of societies. The full benefits of healthy longevity have yet to be shared by all humanity, evidenced by the fact that entire countries especially developing countries and certain population groups still experience high rates of morbidity and mortality at all ages. ***(Agreed) (G77: move para. 57 to proposed Assessment section)***

57 bis [EU: (Health services should be made accessible [Brazil (Egypt: to older persons)] at such a cost as a country, community and individuals can afford, using methods that are practical, scientifically sound and socially acceptable for all segments of the population. [US: They need to ensure that] older persons [(US: should)] have the same access to preventive and curative care, and rehabilitation as other groups. Full access [Brazil: (Egypt: of older persons)] to [Argentina/Brazil/Bolivia/Chile/Colombia: (Holy See/Egypt: primary)] health services that include[s] disease prevention [Egypt: throughout life] (Egypt: and) involves recognizing that health promotion and disease prevention activities need to focus on maintaining independence, prevention and delay of disease and disability, as well as on improving the quality of life of older persons who already have disabilities. [Canada: Despite improvements in legislation and service delivery, equal opportunities for women through the life course are still not realized in many areas. For women, a life course approach to well-being in old age is particularly important, as they face obstacles throughout life with a cumulative effect on their social, economic and psychological well-being in the later years.] The health services need to include the necessary training of personnel and facilities to meet the special needs of the older population.)] *(Pending)*

Facilitator proposed alternative text:

(Health services should be made accessible at such a cost as a country, community and individuals can afford, using methods that are practical, scientifically sound and socially acceptable for all segments of the population. Older persons are entitled to have access to preventive and curative care, including rehabilitation and sexual health, as other groups. Full access of older persons to health services throughout life includes disease prevention and involves recognizing that health promotion and disease prevention activities need to focus on maintaining independence, prevention and delay of disease and disability, as well as on improving the quality of life of older persons who already have disabilities. The health services need to include the necessary training of personnel and facilities to meet the special needs of the older population.)

58. The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being, not merely the absence of disease and infirmity. To reach old age in good health and well-being requires individual efforts throughout life and an environment within which such efforts can succeed. The

responsibility of individuals is to maintain a healthy lifestyle; the responsibility of Government is to create a supportive environment that enables the advancement of health and well-being into old age. For both humanitarian and economic reasons, it is necessary to provide older persons with the same access to preventive and curative care and rehabilitation as other groups. At the same time, health services designed to meet the special needs of the older population must be available, taking into account the introduction of geriatric medicine in relevant university curricula and health care systems, as appropriate. In addition to Governments, there are other important actors, in particular non-governmental organizations and families, which provide support for individuals in maintaining a healthy life-style while cooperating closely with governments in creating a supportive environment. ***(Agreed)***

59. An epidemiological transition is now under way in all regions of the world, indicating a shift in predominance of infectious and parasitic diseases to one of chronic and degenerative diseases. Many developing countries, and countries with economies in transition however, are confronting a double burden of fighting emerging and re-emerging communicable diseases, such as HIV/AIDS, tuberculosis, and malaria in parallel with the increasing threat of non-communicable diseases. ***(Agreed)***

60. The growing need for care and treatment of an ageing population requires adequate policies. The absence of such policies can cause major cost increases. Policies that promote lifelong health, including health promotion and disease prevention, assistive technology, rehabilitative care when indicated, mental health services, promotion of healthy lifestyles and supportive environments, can reduce disability levels associated with old age, and affect budgetary savings. ***(Agreed) (G77: move para. 60 to proposed Assessment section)***

Issue 1: Health promotion and well-being throughout life ***(Agreed)***

61. Health promotion encourages persons to monitor and improve their own health. The basic strategies for health promotion are laid down in the Ottawa Charter for Health Promotion (1986). Goals of increasing the healthy life span, improving the quality of life for all, reducing mortality and morbidity rates and increasing life expectancy were set at the International Conference on Population and Development (1994). These goals can be more effectively achieved through implementation of actions recommended by the WHO to improve both public health and access to adequate health care. ***(Agreed) (G77: move para. 61 to proposed Assessment section)***

62. Health promotion activities [Japan/US: and: **[Egypt: (Argentina/Bolivia/Brazil/Chile: universal)] (Egypt: access [Argentina/Brazil/ Bolivia/Chile: of older persons] to health services)**] [Holy See: that include(s)] [Brazil/Chile/Argentina: **(Holy See: for)**] disease prevention throughout life is the cornerstone of healthy ageing. A life course perspective involves recognizing that health promotion and disease prevention activities need to focus on maintaining independence, [EU: prevention and delay of] disease and disability, as well as on improving the functioning and quality of life of older persons who already have disabilities. ***(Pending) (Canada/G77 proposes to move last sentence to new paragraph 62 bis) (G77: move para. 62 to proposed Assessment section)***

Facilitator proposed alternative text:

(Health promotion activities and universal access of older persons to health prevention throughout life is the cornerstone of healthy ageing. A life course perspective involves recognizing that health promotion and disease prevention activities need to focus on maintaining independence, prevention and delay of disease and disability, as well as on improving the functioning and quality of life of older persons who already have disabilities.)

62 bis Maintaining and enhancing health status requires more than specific actions to affect individual health. Health is strongly influenced by environmental, economic, and social determinants, including the physical environment, geography, education, occupation, income, social status, social support, culture and gender. Improvements in the economic and social situation of older persons will result in improvements in their health as well. Despite improvements in legislation and service delivery, equal opportunities for women through the life course are still not realized in many areas. For women, a life course approach to well-being in old age is particularly important, as they face obstacles throughout life with a cumulative effect on their social, economic, physical and psychological well-being in the later years. ***(Agreed)***

63. Children and older persons are more susceptible to various forms of environmental pollution than individuals in the intermediate ages and are more likely to be affected by even the lowest pollution levels. Medical conditions due to environmental pollution reduce productivity and affect quality of life of persons as they age. Malnutrition and poor nutrition also places older persons at disproportionate risk and can adversely affect their health and vitality. The leading causes of disease, disability and mortality in older persons can be alleviated through health promotion and disease prevention measures that focus, inter alia, on nutrition and physical activity and smoking cessation. ***(Agreed) (G77: move para. 63 to proposed Assessment section)***

64. Objective 1: Reduction of the cumulative effects of factors that increase the risk of disease and consequently potential dependence in older age. ***(Agreed) (G77: move objective 1 to proposed Objectives section)***

Actions

(a) Give priority to poverty eradication policies to, inter alia, improve the health status of older persons, particularly the poor and marginalized; ***(Agreed)***

(a) bis Ensure as appropriate, conditions that enable families and communities to provide care and protection to persons as they age. ***(Agreed)***

(b) Set targets, in particular gender-specific targets to improve the health status of older persons and reduce disability and mortality; ***(Agreed)***

(c) Identify and address the main environmental and socio-economic factors that contribute to the onset of disease and disability in later life; ***(Agreed)***

(d) Focus on the major known risks, arising from unhealthy diet, physical inactivity and other unhealthy behaviours, such as smoking and alcohol abuse in health promotion, health education, prevention policies and information campaigns; ***(Agreed)***

(e) Implement measures to curb the marketing and use of potentially harmful products. In particular, take comprehensive action to control the marketing and use

of **(EU/G77: alcohol and)** tobacco products and provide help to stop smoking **(G77: and alcohol abuse)** at all ages; ***(pending)***

US/EU proposes alternative text:

(Implement measures to reduce the use [US: (EU/Canada: and curb the marketing)] of potentially harmful products. In particular, take comprehensive action to prevent the abuse of alcohol and reduce the use of tobacco products and (Canada: involuntary) exposure to tobacco smoke, and provide help to stop smoking at all ages.) ***(Pending)***

Facilitator proposed alternative text:

(Take comprehensive action to prevent the abuse of alcohol, to reduce the use of tobacco products and the involuntary exposure to tobacco smoke to promote the cessation of tobacco use at all ages.)

(f) Deleted ***(Agreed)***

G77 proposes merging (f) and new US proposal below (following (g)) as follows:

([EU/G77: Set in place] (EU/G77: Implement) legal and administrative measures and organize public [US: information] (US: health promotion) campaigns to [EU/G77: reduce] (EU/G77: prevent the production and release of) as well as exposure to environmental pollutants from childhood and throughout life.) ***(Pending)***

Facilitator proposed alternative text:

(Set in place and implement legal and administrative measures and organize public information and health promotion, including campaigns to reduce the exposure to environmental pollutants from childhood and throughout life.)

(g) Promote the safe use of all medications, and minimize misuse of prescription drugs through regulatory and education measures with the participation of the industry and professional sectors involved. ***(Agreed) (Canada: Move to paragraph 65 Actions)***

65. Objective 2: Development of policies to prevent ill-health among older persons. ***(Agreed) (G77: move objective 2 to proposed Objectives section)***

Actions ***(G77: move actions to proposed Actions and Initiatives section)***

(a) Design early interventions to prevent or delay the onset of disease and disability; ***(Agreed)***

(a) bis Promote adult immunization programmes as a preventive measure. ***(Agreed)***

(b) Ensure that gender-specific primary prevention and screening programmes are available and affordable to older persons; ***(Agreed)***

(c) Provide training and incentives for health and social service and care professionals to counsel and guide persons reaching old age on healthy lifestyles and self-care; ***(Agreed) (Canada: move to para. 64, Actions)***

(d) Pay attention to the danger arising from the consequences of social isolation and mental illness and reduce its risk to the health of older persons by supporting community empowerment and mutual aid groups, including peer

outreach and neighbourhood visiting programmes and by facilitating the active participation of older persons in voluntary activities. ***(Agreed)***

(d) bis Promote civic and cultural participation of older persons as strategies to combat social isolation and support empowerment. ***(Text agreed – pending placement decision)***

(e) Rigorously implement and reinforce national and international safety standards, where applicable, that aim at preventing injuries at all ages; ***(Agreed)***

(f) Prevent unintentional injuries by developing a better understanding of their causes and by undertaking measures to safeguard pedestrians, implementing fall prevention programmes, minimizing hazards including fire hazard in the home and providing safety advice. ***(Agreed)***

Mexico proposes new action:

Develop at all levels statistical indicators on common diseases in older persons to guide policies aimed at preventing further illness in this group. ***(Agreed)***

EU proposes new action:

Encourage older persons to maintain or adopt an active and healthy lifestyle, including physical activity and sport. ***(Agreed)***

66. Objective 3: Access to food and adequate nutrition for all older persons. ***(Agreed) (G77: move objective 3 to proposed Objectives section)***

Actions ***(G77: move actions to proposed Actions and Initiatives section)***

(a) Promote equal access to clean water and safe food for older persons; ***(Agreed)***

(a) bis [EU/US: (G77: Achieve food security by ensuring a safe and nutritionally adequate food supply at both the national and international levels, [US: a reasonable degree of stability in the supply of food, as well as physical, social and economic access to enough food for all, while reaffirming that food should not be used as a tool for political pressure.)] ***(Pending)***

Facilitator proposed alternative text:

(Achieve food security by ensuring a safe and nutritionally adequate food supply at both the national and international levels. In this regard, ensure that food and medicine are not used as tools for political pressure.)

(b) Promote lifelong healthy and adequate nutrition from infancy, with particular attention to ensuring that specific nutritional needs of men and women throughout the life course are met; ***(Agreed)***

(c) Encourage a balanced diet to provide adequate energy and prevent macro and micronutrient deficiency, preferably based on local foods through, inter alia, developing national dietary goals; ***(Agreed)***

(d) Pay particular attention to nutritional deficiency and associated diseases in the design and implementation of health promotion and prevention programmes for older persons; ***(Agreed)***

(e) Educate older persons and the general public, including informal caregivers, about specific nutritional needs of older persons, including adequate intake of water, calories, protein, vitamins and minerals; ***(Agreed)***

(f) Promote affordable dental services to prevent and treat disorders that can impede eating and cause malnutrition; ***(Agreed)***

(g) Include specific nutritional needs of older persons into curricula of training programmes for all health and relevant care workers and professionals. ***(Agreed)***

EU/Holy See proposes new action:

[G77: [US/EU: (Ensure] (US/EU: Promote) appropriate and adequate provision of accessible nutrition and [US: refreshment] (US: food) for older persons in hospital and other care settings.)] *(Pending)*

Facilitator proposed alternative text:

(Ensure appropriate and adequate provision of accessible nutrition and food for older persons in hospital and other care settings.)

Issue 2: Universal and equal access to health care services ***(Agreed)***

67. Investing in health care and rehabilitation for older persons extends their healthy and active years. The ultimate goal is a continuum of care ranging from health promotion and disease prevention to equal provision of primary health care, acute care treatment, rehabilitation, community care for chronic health problems, physical and mental rehabilitation for older persons including older persons with disabilities and palliative care for older persons suffering painful or incurable illness or disease [Facilitator: **(G77: without intention of hastening nor postponing death)**]. Effective care for older persons needs to integrate physical, mental, social, spiritual and environmental factors. ***(Pending) (G77: move para. 67 to proposed Assessment section))***

68. [G77: Primary health care means essential health care services made accessible at such a cost as a country, community and individuals can afford, using methods that are practical, scientifically sound and socially acceptable.] Older persons can experience financial, physical **(EU: , psychological)** and legal barriers to health care services. They may also encounter age discrimination **(US/EU: and age-related disability discrimination)** in the provision of services because their treatment may be perceived to have less value than the treatment of younger persons. [US: At the international level, [G77/EU: **(Japan: although recognizing effective and balanced protection for intellectual property is a necessary incentive for research and development of life-saving drugs and, therefore, recognizing that intellectual property contributes to public health objectives globally)**] the implementation of the Agreement on Trade Related Intellectual Property Rights of 1994 can lead to increased prices of pharmaceutical products, with particular implications for public health in developing countries and countries with economies in transition]. **(EU: Recognize that intellectual property protection is important for the development of new medicines and recognize the concerns about its effects on prices.) (G77/EU: The TRIPS agreement does not and should not prevent members from taking measures to protect public health (EU: Accordingly, while reiterating our commitments to the TRIPS Agreement, we affirm that) [EU: As a result, the TRIPS] (EU: the) Agreement (EU: can and)**

should be interpreted and implemented in a way that is consistent with the right of governments to protect public health and, in particular, to [ensure] (EU: promote) medicines for all.) ***(Pending) (G77: Move paragraph 68 to proposed Assessment section))***

EU proposes alternative text:

(EU: Primary health care is essential health care based on practical, scientifically sound and social acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. (G77: Older persons can experience financial, physical, psychological and legal barriers to health care services. They may also encounter age discrimination and age-related disability discrimination in the provision of services because their treatment may be perceived to have less value than the treatment of younger persons. At the international level, the implementation of the Agreement on Trade Related Intellectual Property Rights (TRIPS) of 1994 can lead to increased prices of pharmaceutical products, with particular implications for public health in developing countries and countries with economies in transition.)

We recognize that intellectual property protection is important for the development of new medicines. We also recognize the concerns about its effects on prices and we agree that TRIP agreement does not and should not prevent members from taking measures to protect public health. Accordingly, while reiterating our commitment to the TRIP agreement we affirm that the agreement can and should be interpreted and implemented in a manner (G77: that is consistent with the right of Governments to protect) [G77: supportive of WTO members' right to protect] public health and, in particular, to promote access to medicines for all. [G77: In this connection, we reaffirm the right of WTO members to use, to the full, the provisions in the TRIPS agreement, which provide flexibility for this purpose.)]

Facilitator proposed alternative text for 68 and 68 bis:

(Primary health care is essential health care based on practical, scientifically sound and social acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. Older persons can experience financial, physical, psychological and legal barriers to health care services. They may also encounter age discrimination and age-related disability discrimination in the provision of services because their treatment may be perceived to have less value than the treatment of younger persons.)

68 bis Intellectual property protection is important for the development of new medicines. We also recognize the concerns about its effects on prices and we agree that TRIP agreement does not and should not prevent members from taking measures to protect public health. Accordingly, while reiterating our commitment to the TRIP agreement we affirm that the agreement can and should be interpreted and implemented in a manner supportive of

Governments' right to protect public health and, in particular, to promote access to medicines for all.)

69. Governments have the primary responsibility for setting and monitoring standards of health care as well as providing health care for all ages. Partnerships among Government, civil society including non-governmental and community-based organizations and the private sector constitute valuable contributions to the services and the care for older persons. It is crucial, however, to recognize that services provided by families and communities cannot substitute for an effective public health system. ***(Agreed) (G77: move para. 69 to proposed Assessment section)***

70. Objective 1: **Elimination of social and economic inequalities based on age, gender or any other ground including linguistic barriers to ensure that older persons have [G77/EU: equitable] (G77/EU: equal) (Canada: universal) access to health care.)** ***(Pending) (G77: move objective 1 to proposed Objectives section)***

Facilitator proposed alternative text:

(Elimination of social and economic inequalities based on age, gender or any other ground including linguistic barriers to ensure that older persons have universal and equal access to health care.)

Actions (G77: move actions to proposed Actions and Initiatives section)

(a) Take measures to ensure equity in the distribution of health and rehabilitation resources to older persons. [Canada: persons] **(Canada: men and women)**; [G77: in particular reduce unequal access to care for older persons who are poor **(Mexico: especially those who live in rural or remote areas)** by the reduction or elimination of user fees, provision of insurance schemes **(EU: other financial support measures)** and affordable access to essential medications **(EU: and other therapeutic measures)**];

US proposes alternative text:

(Seek equity in the distribution of health and rehabilitative resources to older persons. In particular, increase access for the poor, and promote distribution of resources to poorly served areas, such as rural areas.)

Facilitator proposed alternative text:

(Take measures to ensure equal distribution of health and rehabilitation resources to older persons and in particular increase access for these resources for older persons who are poor, and promote their distribution to poorly served areas, such as rural and remote areas, including affordable access to essential medications and other therapeutic measures.)

(a) bis Promote equal access to care for older persons who are poor as well as those who live in rural or remote areas by, inter alia, the reduction or elimination of user fees, provisions of insurance schemes and other financial support measures. ***(Agreed)***

(a) ter Promote affordable access to essential medications and other therapeutic measures. ***(Agreed)***

(b) [Switzerland, US/EU: [G77: Aim at] **(G77: Work towards)** negotiating bilateral and multilateral agreements on compulsory licensing and parallel exports of life-saving drugs to meet the essential need for medications;] ***(Pending)***

(c) Educate and empower older [Canada: persons] **(Canada: men and women)** in the effective use and selection of health and rehabilitation services; ***(Pending)***

(d) Apply and enforce existing conventions **(US: to which States are a party)** to protect the rights of older persons to primary health care and to eliminate discrimination in health care based on age and other forms of discrimination; ***(Agreed ad referendum)***

(d) bis Enhance the access of older persons to primary health care and take steps to eliminate discrimination in health care based on age and other forms of discrimination. ***(Agreed)***

(e) Utilize technology such as telemedicine, where available and distance learning to reduce geographical and logistical limitations in access to health care in rural areas. ***(Agreed)***

71. Objective 2: Development and strengthening of primary health care services to meet the needs of older persons and promote their inclusion in the process. ***(Agreed) (G77: move objective 2 to proposed Objectives section)***

Actions ***(G77: move actions to proposed Actions and Initiatives section)***

EU and Canada propose merging (a) and (b). Canada also proposes alternative text:

(US: Improve) [US: Provide] universal and [G77: equitable] (G77: equal) access to primary health care and establish community health programmes for older persons.)

Facilitator proposed text:

(Take measures to provide universal and equal access to primary health care and establish community health programmes for older persons.)

(c) Support local communities in providing health support services to older persons; ***(Agreed)***

(d) Include traditional medicine in primary health care programmes where appropriate and beneficial; ***(Agreed)***

(e) Train primary health care workers and social workers in basic gerontology and geriatrics. ***(Agreed)***.

(e) bis [US: (G77/EU: Encourage, at all levels, arrangements and incentives to mobilize [EU Facilitator: corporate] (EU: commercial) enterprises, especially in pharmaceuticals, to invest in research aimed at finding remedies that can be provided at affordable prices for diseases that particularly afflict older persons in developing countries, and invite the World Health Organization to consider improving partnerships between the public and private sectors in the area of health research.)] *(Pending)*

72. Objective 3: Development of a continuum of health care to meet the needs of older persons. ***(Agreed) (G 77: move objective 3 to proposed Objectives section and merge with paragraph 72)***

Actions ***(G77: move actions to proposed Actions and Initiatives section)***

(a) Develop regulatory mechanisms at appropriate levels to set appropriate standards of health care and rehabilitation for older persons; ***(Agreed)***

(b) Implement community development strategies that determine a systematic needs assessment baseline for the planning, execution and evaluation of locally based health programmes. The baseline should include contributions from older persons; ***(Pending)***

US proposes alternative text:

(Promote the development of community based needs assessment to provide a baseline for planning, execution and evaluation of local health programmes for older persons)

(c) Improve the coordination of primary health care, long-term care and social services and other community services; ***(Agreed)***

(d) Delete ***(Agreed)***

(e) Delete ***(Agreed)***

(f) [EU: Enable persons whenever possible to die with dignity in a place in which they themselves decide, in the company of persons of their own choosing and as free from distress and pain as possible]. ***(Pending)***

EU proposes alternative text:

(Support palliative care services and their integration into mainstream medicine. To this end, (US: develop standards for training and palliative care, and encourage multidisciplinary approaches for all service providers of palliative care.) [US: to intensify interdisciplinary) measures must be taken to develop quality of standards for training and palliative care and to intensify interdisciplinary and specific training in palliative care for all professionals concerned.)] ***(Pending)***

Facilitator proposed text:

(Support palliative care services and their integration into mainstream medicine. To this end, develop standards for training and palliative care, and encourage multidisciplinary approaches for all service providers of palliative care.)

Canada proposes new Action:

[G77: (Identify a core of health and other services to be included to meet the needs of older persons.)] ***(Pending)***

Canada proposes new Action:

[G77/US: (Integrate all health services administratively and financially, including prevention and promotion, primary care, acute care, rehabilitation, chronic, end-of-life and palliative care so that resources can be deployed flexibly to meet the variable and changing health needs of older persons and to ensure continuity of care.)] ***(Pending)***

Canada proposes new Action:

[G77/US: (Establish effective information-sharing mechanisms among service providers within and across disciplines and sectors to facilitate innovative and efficient use of human, financial, technological and other resources.)] ***(Pending)***

Facilitator alternative text to Canadian proposals:

(Promote the establishment and coordination of a full range of services in continuum of care, including, inter alia, prevention and promotion, primary care, acute care, rehabilitation, long-term and palliative care so that resources can be deployed flexibly to meet the variable and changing health needs of older persons.)

New Action:

Develop specialized gerontological services and improve coordination of their activities with primary health care and social care services. ***(Agreed)***

(G77: merge para. 72 with para. 96)

73. Objective 4: Involvement of older persons in the development and strengthening of primary and long-term care services. ***(Agreed) (G77: move objective 4 to proposed Objectives section)***

Actions ***(G77: move actions to proposed Actions and Initiatives section)***

(a) Include older persons in the planning, implementation and evaluation of social and health care and rehabilitation programmes; ***(Agreed)***

(b) Encourage health and social care providers to fully include older persons in decision-making related to their own care; ***(Agreed)***

(c) [G77: Capitalize on the strengths and abilities of older persons within primary and long-term health services.] ***(Pending consideration of following text from WHO as introduced by Canada and proposed by Facilitator:)***

(Promote self-care in older persons and maximize their strengths and abilities within health and social services.)

EU proposes new action (d):

(Integrate the needs and perceptions of older persons in the shaping of health policy. [G77: This includes defining quality of life from the perspective of older persons, specifically with regard to the management of diseases and to the reintegration after long hospitalization].) ***(Pending)***

Facilitator proposed text:

(Integrate the needs and perceptions of older persons in the shaping of health and social policy.)

Issue 3: Older persons and HIV/AIDS

74. HIV/AIDS diagnosis among older persons is difficult because symptoms of infection can be mistaken for other immunodeficiency syndromes that occur in older persons. Older persons can be at increased risk of HIV infection merely because they are typically not addressed by public information campaigns and thus do not benefit from education on how to protect themselves. ***(Agreed) (G77: move para. 74 to proposed Assessment section)***

75. Objective 1: Improvement in the assessment of the impact of HIV/AIDS on the health of older persons, both for those who are infected and older persons who are caregivers for infected or surviving family members. ***(Agreed) (G77: move objective 1 to proposed Objectives section)***

Actions ***(G77: Move actions to proposed Actions and Initiatives section)***

(a) Ensure and expand the compilation of HIV/AIDS data to allow for the assessment of the extent of HIV/AIDS infection in older persons. ***(Agreed ad referendum)***

(b) Pay special attention to older carers of HIV/AIDS patients, including collection of both quantitative and qualitative data on the health status and needs of older carers. ***(Agreed)***

76. Objective 2: Provision of adequate information, training in caregiving skills, treatment, medical care and social support to older persons living with HIV/AIDS and their caregivers. ***(Agreed) (G77: move objective 2 to proposed Objectives section)***

Actions ***(G77: move actions to proposed Actions and Initiatives section)***

(a) Revise as appropriate, public health and prevention strategies to reflect local epidemiology. Information on prevention and risks of HIV/AIDS for the general population should meet the needs of older persons. ***(Agreed)***

(b) Provide training to older caregivers to help them to provide effective care while minimizing the possible negative impact on their own health and well-being. ***(Agreed)***

New action:

Ensure AIDS treatment and support strategies recognize the needs of older persons who are infected by HIV/AIDS. ***(Agreed)***

77. Objective 3: Enhancement and recognition of the contribution of older persons to development in their role as caregivers for children with chronic diseases, including HIV/AIDS, and as surrogate parents. ***(G77: move objective 3 to proposed Objectives section) (Agreed)***

Actions ***(G77: move actions to proposed Actions and Initiatives section)***

(a) Review the economic impact of HIV/AIDS on older persons, particularly in their role as caregivers, as agreed in the Declaration of Commitment on HIV/AIDS; ***(Agreed)***

(b) Introduce policies to provide in-kind support, health care and loans to older caregivers to assist them in meeting the needs of children and grandchildren in accordance with the Millennium Declaration; ***(Agreed)***

(c) Foster collaboration between government agencies and NGOs that work with children, youth and older persons on HIV/AIDS issues; ***(Agreed)***

(d) Encourage the elaboration of studies to better understand and highlight the contribution of older persons to social and economic development in all countries, particularly those severely affected by HIV/AIDS and disseminate the findings as widely as possible. ***(Agreed)***

Issue 4: Training of care providers and health professionals *(Agreed)*

78. There is an urgent need worldwide to expand educational opportunities in the field of geriatrics and gerontology for all health professionals who work with older persons and to expand educational programmes on health and older persons for professionals in the social service sector. Informal caregivers also need access to information and basic training on the care of older persons. *(Agreed) (G77: move para. 78 to proposed Assessment section)*

79. Objective 1: Provision of improved information and training for health professionals and para-professionals on the needs of older persons. *(Agreed) (G77: move objective 1 to proposed Objectives section)*

Actions *(G77: move actions to proposed Actions and Initiatives section)*

(a) Initiate and promote education and training programmes for health professionals, social care professionals and informal care providers in the services for and care of older persons, including in gerontology and geriatrics and support all countries, particularly developing countries in these efforts. *(Agreed)*

(a) *(deleted)*

(b) *(deleted)*

(c) *(deleted)*

(d) Provide health: and social-care professionals with continuing education programmes with a view to an integrated approach of health, well being and care of older persons as well as social and psychological aspects of ageing; *(Agreed)*

(e) Expand professional education in gerontology and geriatrics, including through special efforts to expand student enrolment in geriatrics and gerontology. *(Agreed)*

Issue 5: Mental health needs of older persons

80. Worldwide, mental health problems are a leading cause of disability and of reduced quality of life. Mental health problems are clearly not an inevitable outcome of growing old, but a significant increase in the number of older persons with mental illnesses can be expected due to population ageing. Various losses and life changes can often lead to any array of mental health disorders, which, if not properly diagnosed, can lead to inappropriate or no treatment and/or clinically unnecessary institutionalization. *(Agreed)*

80 bis Strategies to cope with such diseases include medication, psychosocial support, cognitive training programmes, training for caring family members and caring staff and specific structures of inpatient care. *(Agreed)*

81. Objective 1: Development of comprehensive mental health care services ranging from prevention to early intervention, the provision of treatment services and the management of mental health problems in older persons. *(Agreed) (G77: move objective 1 to proposed Objectives section)*

Actions *(G77: move actions to proposed Actions and Initiatives section)*

Canada proposes reversing order of (a) and (b)

(a) Develop and implement national and local strategies designed to improve prevention, timely detection and treatment of mental illness in old age, including

diagnostic procedures, appropriate medication, psychotherapy and education for professionals and informal caregivers; ***(Pending)***

EU proposes new action (a):

|G77: (Develop an effective strategy to increase the level of quality assessment and diagnosis of Alzheimer's and related disorders at an early stage of the disease. Research on these disorders has to be undertaken on a multidisciplinary basis that meets the needs of the patient, health professionals and carers.)| ***(Pending)***

Facilitator proposed text:

(Develop, where appropriate, an effective strategy to increase the level of quality assessment and diagnosis of Alzheimer's and related disorders at an early stage of the disease. Research on these disorders has to be undertaken on a multidisciplinary basis that meets the needs of the patient, health professionals and carers.)

(b) deleted ***(Agreed)***

(c) Provide programmes to help persons with Alzheimer's disease and mental illness due to other sources of dementia to be able to live at home for as long as possible and to respond to their health needs; ***(Agreed)***

(d) Develop programmes to support self-help and provide respite care for patients, families and other carers; ***(Agreed) (EU: move to para. 79 Actions)***

(e) Develop psychosocial therapy programmes to assist in reintegration of patients discharged from hospitals; ***(Agreed)***

(f) Establish safe accommodation facilities **(EU/G77: nursing homes and geriatric centres)** to meet the needs of patients suffering from severe mental diseases; ***(Pending)***

US proposes alternative text

|EU: (Develop a comprehensive continuum of services in the community to prevent unnecessary institutionalization. This would also include the most restrictive or institutional care.)| ***(Pending)***

Canada proposes alternative text:

|G77/EU: (Establish |EU: accommodation| facilities that provide safety and personal dignity to meet the needs of persons suffering from severe mental illness.)| ***(Pending)***

Facilitator proposed text:

(Develop a comprehensive continuum of services in the community to prevent unnecessary institutionalization. When an individual requires institutionalization, take account of the special needs of older persons with mental disorders. Establish services and facilities that provide safety and treatment and that promote personal dignity to meet the needs of older persons suffering from mental disease or disability due to mental disease.)

(f) bis [EU: (US: When an individual requires institutionalization, take into account the specialized needs of older adults diagnosed with mental disabilities are addressed.)] *(Pending)*

US/Canada proposes new text:

(f) ter (Establish [EU/Canada: accommodation] facilities that provide safety and [EU: treatment and that promote] [Canada/US: (EU: ensure)] personal dignity to meet the needs of older persons suffering from severe mental illness and [Canada: disease.] (Canada: disability) *(Pending)*

US proposes consolidating (f) bis and ter:

(Develop a comprehensive continuum of services in the community to prevent unnecessary institutionalization. When an individual requires institutionalization, [address] (G77: take into account) the [specialized] (G77: special) needs of older persons with mental (G77: illness and disease) [disabilities]. *(G77: second paragraph)* Establish (G77: services and) facilities that provide safety (G77: treatment and that promote) [and] personal dignity to meet the needs of older persons suffering from severe mental illness (G77: and disease) [and disability].) *(Chairman's proposed text follows)*

(Chair: Develop a comprehensive continuum of services in the community to prevent unnecessary institutionalization. When an individual requires institutionalization, take account of the special needs of older persons with mental [Facilitator: disease or disability due to mental disease] (Facilitator: disorders). Establish services and facilities that provide safety and treatment and that promote personal dignity to meet the needs of older persons suffering from mental disease or disability due to mental disease.)

(g) Promote public information about the symptoms, treatment, consequences and prognosis of mental diseases. *(Agreed)*

Canada/US/EU proposes new action:

[G77: (Provide mental health services to older persons residing in long-term care facilities.)] *(Pending)*

Canada/US proposes new action:

[G77/EU: (Train health professionals in the early detection of depression and dementia.)] *(Pending)*

Facilitator proposed alternative text:

(Provide ongoing training to health care professionals in the detection and assessment of all mental disorders and depression.)

Issue 6: Older persons and disabilities

82. Incidence of impairment and disability increases with age. Older women are particularly vulnerable to disability in old age due to inter alia, gender differences in life expectancy and disease susceptibility, and gender inequalities over the life course. *(Agreed) (G77: move para. 82 to proposed Assessment section)*

82 bis The effects of impairment and disability are often exacerbated by negative stereotypes about persons with disabilities, which may result in lowered

expectations of their abilities and social policies which do not allow them to reach their full potential. ***(Agreed)***

83. Enabling interventions and environments supportive of all older persons are essential to promote independence and empower older persons with disabilities to participate fully in all aspects of society. The ageing of persons with cognitive disabilities is a factor that should be considered in planning and decision-making processes. ***(Agreed) (G77: move para. 83 to proposed Assessment section)***

84. Objective 1: Maintenance of maximum functional capacity throughout the life course and promotion of the full participation of older persons with disabilities. ***(Agreed) (G77: move objective 1 to proposed Objectives section)***

Actions ***(G77: Move actions to proposed Actions and Initiatives section)***

(a) Ensure that the agendas of national policy and programme coordination agencies dealing with disabilities include attention to issues concerning older persons with disabilities. ***(Agreed)***

(b) Develop as appropriate, gender and age-sensitive national and local policies, legislation, plans and programmes for the treatment and prevention of disabilities, taking health, environmental and social factors into account; ***(Agreed)***

(c) Provide **(US: physical and mental)** rehabilitation **(US: services)** for older persons **(US: with disabilities, with special emphasis on those whose disabilities [EU: are])** [US: who have been disabled as] **(EU: as)** a result of **(EU: situations of)** armed conflict [US/EU: **(G77: including foreign occupation)**]; ***(Pending)***

Facilitator proposed alternative text:

(Provide physical and mental rehabilitation services for older persons with disabilities, with special emphasis on those whose disabilities are a result of situations of humanitarian emergencies, armed conflict and foreign occupation.)

(d) Develop community-based programmes to provide education on causes of disabilities and information on how to prevent or manage them throughout the life course; ***(Agreed)***

(e) Create age-friendly standards and environments to help prevent the onset or worsening of disabilities; ***(Agreed)***

(f) Encourage the development of housing options for older persons with disabilities that reduce barriers to, and encourage independence; and where possible make public spaces, transportation and other services accessible to older persons with disabilities, as well as commercial premises and services used by the general public. ***(Agreed) (Mexico: move action to Priority Direction III, Issue 1, Objective 2)***

(g) Encourage the provision of rehabilitation and appropriate care and assistive technologies for older persons with disabilities to fulfil their need for services, support and full integration into society. ***(Agreed)***

(g) bis (G77: Ensure the accessibility to all without discrimination, including the most vulnerable sectors of the population, of pharmaceuticals or medical technologies and their affordability for all, including socially disadvantaged groups.) ***(Pending)***

Facilitator proposed alternative text:

(Promote, in accordance with applicable international law, including international agreements acceded to, the accessibility to all without discrimination, including the must vulnerable groups of the population, of such pharmaceuticals or medical technologies and their affordability for all.)

US proposes new action:

Encourage and facilitate the establishment of self-help organizations of older persons with disabilities and their caregivers. ***(Agreed)***

US proposes new action:

Encourage employer receptivity to older persons with disabilities who remain productive and capable of paid or volunteer work. ***(Agreed)***

Priority direction III: Ensuring enabling and supportive environments ***(G77: move title to proposed Actions and Initiatives section)***

85. The promotion of an enabling environment for social development was one of the central goals agreed at the World Summit for Social Development. It was renewed and strengthened at the twenty-fourth special session of the General Assembly on social development. The commitment included essential framework conditions such as participatory, transparent and accountable political systems, and good governance at the national and international levels as established in the Millennium Declaration; recognition of the universal indivisible interdependent and interrelated nature of all human rights; increased external assistance to developing countries through official development assistance and debt relief; recognition of the important interaction between environmental, economic and social policies; improved access for developing countries and countries with economies in transition to the markets of the developed countries; and reduction of the negative impact of international financial turbulence. Realization of these and other aspects of an enabling environment and the economic growth and social development to which they contribute will make possible the achievement of the goals and policies agreed upon in the present Plan of Action. ***(Agreed) (G77: link to para. 19 and move para. to proposed Assessment section)***

85 bis The mobilization of domestic and international resources for social development is an essential component for the implementation of the International Plan of Action on Ageing. Since 1982, reforms to promote the effective and efficient utilization of existing resources have received increasing attention. However, inadequate national revenue generation and collection, combined with new challenges regarding social services and social protection systems due, for instance, to demographic changes and other factors, jeopardize the financing of social services and social protection systems in many countries. There is also greater acceptance that the increasing debt burden faced by the most indebted developing countries is unsustainable and constitutes one of the principal obstacles to achieving progress in people-centred sustainable development and poverty eradication. For many developing countries, as well as countries with economies in transition, excessive debt servicing has severely constrained their capacity to promote social development and provide basic services. ***(Agreed)*** **[US: In the last two decades also, despite the renewed commitment at the World Summit for Social Development by (US: many) donor countries to meet the agreed target of**

0.7 per cent of their gross national product for official development assistance, overall official development assistance has continued to decline.] (paras. 34, 39 and 37 of Copenhagen plus 5) ***(Pending)***

86. The commitments to strengthen policies and programmes to create inclusive, cohesive societies for all — women and men, children, young and older persons — are also essential. Whatever the circumstances of older persons, all are entitled to live in an environment that enhances their capabilities. While some older persons need a high level of physical support and care, the majority are willing and capable of continuing to be active and productive including through voluntary activities. Policies are required that empower older persons and support their contribution to society. This includes access to basic services such as clean water and adequate food. It also requires policies that simultaneously strengthen both lifelong development and independence and that support social institutions based on principles of reciprocity and interdependence. Governments must play a central role in formulating and implementing policies that foster such an enabling environment, while engaging civil society and older persons themselves. ***(Agreed) (G77: move para. 86 to proposed Assessment section)***

Issue 1: Housing and the living environment

87. Housing and the surrounding environment are particularly important for older persons due to factors such as accessibility and safety; the financial burden of maintaining a home; and the important emotional and psychological security of a home. It is recognized that good housing can promote good health and well-being. It is also important that older persons are provided where possible, with adequate choice over where they live, a factor that needs to be built into policies and programmes. ***(Agreed) (G77: move para. 87 to proposed Assessment section)***

88. In developing countries, and some countries with economies in transition rapid demographic ageing is taking place in a context of continuing urbanization, and a growing number of persons who are ageing in urban areas lack affordable housing and services. At the same time a large number of persons are ageing in isolation in rural areas, rather than in the traditional environment of an extended family. Left alone, they are often without adequate transportation and support systems. ***(Agreed) (G77: move para. 88 to proposed Assessment section)***

89. In developed countries, the built environment and adequate transportation for older persons are also a growing concern. Housing developments are typically designed for young families who have their own transport. Transportation is problematic in rural areas, because older persons rely more on public transport as they age and it is often inadequate in rural areas. In addition, some older persons may continue to live in houses that they are unable to maintain after their children have moved out or after a spouse has died. ***(Agreed) (G77: move para. 89 to proposed Assessment section)***

90. Objective 1: Promotion of "ageing in place" in the community with due regard to individual preferences and affordable housing options for older persons. ***(Agreed) (G77: move objective 1 to proposed Objectives section)***

Actions ***(G77: move actions to proposed Actions and Initiatives section)***

(a) Promote the development of age-integrated communities; ***(Agreed)***

(b) Coordinate multi-sectoral efforts to support the continued integration of older persons with their families and communities; ***(Agreed)***

(c) Encourage investment in local infrastructure, such as transportation, health, sanitation and security, designed to support multigenerational communities; ***(Agreed)***

(d) Introduce policies and support initiatives that ease access of older persons to goods and services; ***(Agreed)***

(e) Promote equitable allocation of public housing for older persons; ***(Agreed)***

(f) Link affordable housing with social support services to ensure the integration of living arrangements, long-term care and opportunities for social interaction. ***(Agreed)***

EU proposes new action:

Encourage age-friendly and accessible housing design and ensure easy access to public buildings and spaces; ***(Agreed)***

EU proposes new action:

Provide older persons, their families and caregivers with timely and effective information and advice on the housing options available to them; ***(Agreed)***

EU proposes new action:

Ensure that housing provided for older persons takes appropriate account of their care and cultural needs. ***(Agreed)***

US/Canada proposes new action:

Promote the growing continuum of housing options for older persons. ***(Agreed)***

91. **(Entire para., Pending)** Objective 2: Improvement in housing and environmental design to promote independent living by taking into account the needs of older persons, particularly those with disabilities. ***(G77: move to proposed Objectives section) (G77 proposes deletion of entire para. 91)*** Actions ***(G77: move actions to proposed Actions and Initiatives section)***

(a) [Chair: Ensure that new urban spaces are free of barriers to mobility and access;]

(b) Promote employment of technology and rehabilitation services designed to support independent living; ***(Chair: incorporate after para. 84 (e))***

(c) [Chair: Meet the need for shared and multigenerational co-residence through the design of housing and public space;]

(d) [New Zealand: Develop a database of age and disability-friendly housing plans for older persons and persons with disabilities].

Mexico proposes new action:

[Chair: Assist older persons to make their homes free of barriers to mobility and access.] ***(Agreed ad referendum)***

92. Objective 3: Improved availability of accessible and affordable transportation for older persons. ***(Agreed) (G77: move objective 3 to proposed Objectives section)***

Actions *(G77: move actions to proposed Actions and Initiatives section)*

(a) Improve the availability of efficient public transportation services in rural and urban areas; *(Agreed)*

(b) Facilitate the growth of both public and private alternative forms of transport in urban areas, such as neighbourhood-based businesses and services; *(Agreed)*

(c) Encourage the training and assessment of older drivers, the design of safer roadways and the development of new kinds of vehicles that cater to the needs of older persons and persons with disabilities; *(Agreed)*

(d) Deleted *(Agreed)*

Issue 2: Care, and support for caregivers

93. Provision of care to those who need it, either by older persons or for them, is mostly done by the family or community, especially in developing countries. Families and communities also play a key role in prevention, care, support and treatment of persons affected by HIV/AIDS. Where the caregivers are older persons, provisions should be made to assist them; and where they are the recipients of care there is a need to establish and strengthen human resources and health and social infrastructures as imperatives for the effective delivery of prevention, treatment, care and support services. This care giving system should be strengthened and reinforced by public policies as the proportion of the population needing this care increases. *(Agreed)*

93 bis Even in countries with well-developed formal care policies, intergenerational ties and reciprocity ensure that most care is still informal. Informal care has a complementary character and does not replace professional care. Ageing in one's community is an ideal in all countries. In many countries, however, family care without compensation to caregivers is creating new economic and social strains. The cost to women, in particular, who continue to provide the majority of informal care, is now recognized. Female caregivers bear financial penalty of low pension contributions because of absences from the labour market, foregone promotions and lower incomes. They also bear the physical and emotional cost of stress from balancing work and household obligations. The situation is especially demanding for women with both child and elder care responsibilities. *(Agreed) (G77: move para. 93 to proposed Assessment section)*

94. In many parts of the world, especially Africa, the HIV/AIDS pandemic has forced older women, already living in difficult circumstances, to take on the added burden of caring for children and grandchildren with HIV/AIDS and for grandchildren orphaned from AIDS. At a time when it is more normal for adult children to look after their ageing parents, many older persons find themselves with the unexpected responsibility of caring for frail children or with the task of becoming sole parents to grandchildren. *(Agreed) (G77: move para. 94 to proposed Assessment section)*

95. In the last two decades, community care and ageing in place have become the policy objective of many Governments. Sometimes the underlying rationale has been financial, because, based on the assumption that families will supply the bulk of care, community care is expected to cost less than residential care. Without adequate assistance, family caregivers can be overburdened. In addition, formal community care systems, even where they exist, often lack sufficient capacity

because they are poorly resourced and coordinated. As a result, residential care may be the preferred option of either the frail older person or the caregiver. In view of this range of issues, a continuum of affordable care options, from family to institutional, is desirable. Ultimately, the participation of older persons in assessing their own needs and monitoring service delivery is crucial to the choice of the most effective option. ***(Agreed) (G77: move para. 95 to proposed Assessment section)***

96. Objective 1: Provision of a continuum of care and services for older persons from various sources and support for caregivers. ***(Agreed) (G77: move objective 1 to proposed Objectives section and merge with paragraph 72)***

Actions ***(G77: move actions to proposed Actions and Initiatives section)***

(a) Take steps to provide community-based care and support for family care; ***(Agreed)***

(b) Increase quality of care and access to community-based long-term care for older persons living alone in order to extend their capacity for independent living as a possible alternative to hospitalization and nursing home placement; ***(Agreed)***

(c) Support caregivers through training, information, psychological, economic, social and legislative mechanisms; ***(Agreed)***

(d) Take steps to ensure the provision of assistance to older persons in cases where informal support is unavailable, has been lost, or is not desired. ***(Agreed)***

(e) Facilitate comparative research into care systems in different cultures and settings; ***(Agreed)***

(f) Prepare and implement strategies for meeting the special needs of ageing caregivers for persons with cognitive disabilities; ***(Agreed)***

(g) Establish and apply standards and mechanisms to ensure quality care in formal care settings. ***(Agreed)***

EU proposes new action:

Develop social support systems, both formal and informal, with a view to enhancing the ability of families to take care of older persons within the family and including particularly the provision of long-term support and services for the growing number of frail older persons; ***(Agreed)***

EU proposes new action:

[G77/Canada: (Enhance through appropriate measures self-reliance of older women and men and create conditions that promote quality of life and enable them to work and live independently in their own communities for as long as possible or as desired;)] ***(Pending)***

EU/G77/Canada proposes new action:

Promote provision of community-based care and support of family care, taking into account equal distribution of caring responsibilities between women and men by measures for better reconciliation of working and family life; ***(Agreed)***

(G77: merge para. 96 with para. 72)

97. Objective 2: Support the care giving role of older persons, particularly older women. ***(Agreed) (G77: move objective 2 to proposed Objectives section)***

Actions *(G77: move actions to proposed Actions and Initiatives section)*

(a) [US: **(G77/EU: Provide)**] **(US: [EU: Promote] social support [for])** [G77/EU: [Support] older caregivers and families under their care, with social support], respite services, advice and information for older care givers and families under their care; *(Pending)*

(US: Encourage the provision of social support, respite services, advice and information **for older caregivers [Holy See: and families under their care].)** *(Pending)*

(b) Identify how to assist older persons, particularly older women in care giving and address their specific social, economic and psychological needs; *(Agreed)*

(c) Reinforce the positive role of grandparents in raising grandchildren; *(Agreed) (EU: move to actions under paragraph 45)*

(d) Take account of the growing numbers of older caregivers in service provision plans. *(Agreed)*

Issue 3: Neglect, abuse and violence *(Agreed)*

98. Neglect, abuse and violence against older persons takes many forms — physical, psychological, emotional, financial — and occurs in every social, economic, ethnic and geographic sphere. The process of ageing brings with it declining ability to heal, so that older victims of abuse may never fully recover physically or emotionally from trauma. The impact of trauma may be worsened because shame and fear cause reluctance to seek help. Communities must work together to prevent abuse, consumer fraud and crimes against older persons. Professionals need to recognize the risk of potential neglect, abuse or violence by formal and informal caregivers both in the home and in community and institutional settings. *(Agreed) (G77: move para. 98 to proposed Assessment section)*

99. Abuse of the **(Canada: human)** rights of older women is particularly prevalent. Older women are at greater risk of physical **(Canada: , sexual)** and psychological as well **(Canada: as)** financial and economic harm [Canada: because of] **(EU: inter alia) (Canada: due to discriminatory sociocultural attitudes and practices and economic inequalities, including)** inheritance systems and land distribution practices **(Canada: which reinforce women's subordinate place in society)**. There are also some cultural and superstitious practices, resulting in abuse directed at isolated, older women. Poverty and women's lack of access to legal protection exacerbate such social situations. *(Pending) (G77: move para. 99 to proposed Assessment section)*

Facilitator proposed alternative text:

(Older women face greater risk of physical, psychological, financial and economic discrimination and violence due to negative societal attitudes and unequal access in the economic sphere, including, in land distribution and in access to wealth and property. Some sociocultural practices and superstitions result in abuse and violence directed at isolated older women, often exacerbated by poverty and lack of access to legal protection.

100. Objective 1: Elimination of all forms of neglect, abuse and violence of older persons. *(Agreed) (G77: move objective 1 to proposed Objectives section)*

Actions *(G77: move actions to proposed Actions and Initiatives section)*

(a) Sensitize professionals and educate the general public, using media and other awareness-raising campaigns, on the subject of elder abuse and its various characteristics and causes; *(Agreed)*

(b) Abolish widowhood rites that are harmful to the health and well-being of women; *(Agreed)*

(c) Enact legislation and strengthen legal efforts to eliminate elder abuse; *(Agreed)*

(d) Eliminate harmful traditional practices involving older persons; *(Agreed)*

(e) Encourage cooperation between Government and civil society, including non-governmental organizations in addressing elder abuse by inter alia, developing community initiatives. *(Agreed)*

New action:

Minimize the risks to older women of all forms of neglect, abuse and violence by increasing public awareness of, and protecting them against, such neglect, abuse and violence, especially in emergency situations. *(Agreed)*

New action:

Encourage further research into the causes, nature, extent, seriousness and consequences of all forms of violence against older women and men, and widely disseminate findings of research and studies. *(Agreed)*

101. Objective 2: Creation of support services to address elder abuse. *(Agreed) (G77: move objective 2 to proposed Objectives section)*

Actions *(G77: move actions to proposed Actions and Initiatives section)*

(a) Establish services for victims of abuse and rehabilitation arrangements for abusers; *(Agreed)*

(b) Encourage health and social service professionals as well as the general public to report suspected elder abuse; *(Agreed)*

(b) bis Encourage health and social service professionals to inform older persons suspected of suffering abuse of the protection and support that can be offered. *(Agreed)*

(c) Include handling of elder abuse in the training of the caring professions; *(Agreed)*

(d) Establish information programmes to educate older persons about consumer fraud. *(Agreed)*

Issue 4: Images of ageing *(EU: move to Priority Direction 1 as new Issue 1)*

102. A positive view of ageing is an integral aspect of the International Plan of Action. Recognition of the authority, wisdom, dignity and restraint that comes with a lifetime of experience has been a normal feature of the respect accorded to the old throughout history. [US: In contemporary, market-driven economies, however, these values are often neglected and older persons are disproportionately portrayed as a drain on the economy, with their escalating need for health and support services.]

Although healthy ageing is naturally an increasingly important issue for older persons, public focus on the scale and cost of health care, pensions and other services has sometimes fostered a negative image of ageing. Images of older persons as attractive, diverse and creative individuals making vital contributions must compete for the public's attention. [US: Globalization of the media has contributed to spreading ageism to societies in which it was traditionally unknown.] Older women are particularly affected by misleading and negative stereotypes: instead of being portrayed in ways that reflect their contributions, strengths, resourcefulness and humanity, they are often depicted as weak and dependent. This reinforces exclusionary practices at the local and national levels. ***(Pending) (G77: move para. 102 to proposed Assessment section)***

103. Objective 1: Enhancement of public recognition of the authority, wisdom, productiveness and other important contributions of older persons. ***(Agreed) (G77: move objective 1 to proposed Objectives section and merge with para. 25)***

Actions ***(G77: move actions to proposed Actions and Initiatives section)***

(a) and (b) deleted ***(Agreed)***

Alternative text:

Develop and widely promote a policy framework in which there is an individual and collective responsibility to recognize past and present contributions of older persons, seeking to counteract preconceived biases and myths, and to consequently treat older persons with respect and gratitude, dignity and sensitivity. ***(Agreed)***

(c) Encourage the mass media to promote images that highlight the wisdom, strengths, contributions, courage and resourcefulness of older women and men, including older persons with disabilities; ***(Agreed)***

(d) Encourage educators to recognize and include in their courses the contribution made by persons of all ages including older persons; ***(Agreed)***

(e) Encourage media to move beyond portrayal of stereotypes and to illuminate the full diversity of humankind; ***(Agreed)***

(f) Recognize that the media are harbingers of change and can be guiding factors in fostering the role of older persons in development strategies, including in rural areas; ***(Agreed)***

(g) Facilitate contributions by older women and men to the presentation by the media of their activities and concerns; ***(Agreed)***

(h) Encourage the media and the private and public sectors to avoid ageism in the workplace and present positive images of older persons. ***(Agreed)***

New action:

(Promote a positive image of older women's contribution in order to increase their self-esteem) ***(Agreed)***

(G77: Merge para. 103 with para. 25)

III. Implementation and follow-up

104. The implementation of the Plan of Action on Ageing 2002 will require sustained action at all levels in order to respond to the demographic changes that

will occur and to mobilize the skills and energies of older persons. It will require systematic evaluation in order to respond to new challenges. In addition there is a critical and continuing need for international assistance to help developing countries to pursue policies that address ageing. ***(Agreed)***

(104) bis The implementation of the Plan of Action requires inter alia, a political, economic, ethical and spiritual vision for social development of older persons that is based on human dignity, human rights, equality, respect, peace, democracy, mutual responsibility and cooperation and full respect for the various religious and ethical values and cultural backgrounds of people. ***(Agreed)***

(104) ter (G77: There are nevertheless, a number of basic considerations which reflect general and fundamental human values, independent of culture, religion, race or social status: values induced by the biological fact that ageing is a common and ineluctable process. The respect and care for the older persons, which has been one of the few constants in human culture everywhere, reflects a basic interplay between self-preserving and society-preserving impulses which has conditioned the survival and progress of the human race.

At the national (EU: and local) (Canada: at all) level(s), the role of non-governmental organizations is important in supporting Governments in their implementation, assessment and follow up of the International Plan of Action.) ***(Pending)***

National action

105. Governments have the primary responsibility for implementing the broad recommendations of the International Plan of Action. A necessary first step in successful implementation of the Plan is to mainstream ageing and the concerns of older persons into national development frameworks and poverty eradication strategies. Programme innovation, mobilization of financial resources and development of necessary human resources will be undertaken simultaneously. Accordingly, progress in the implementation of the Plan should be contingent upon effective partnership between Governments, all parts of civil society and the private sector **(EU/Chile/Canada/Argentina: as well as an enabling environment based inter alia, on democracy, the rule of law, respect for all human rights and good governance at national and international levels (Argentina: at all levels.)**

(Libyan Arab Jamahiriya/Cuba: at both levels, the national and international) [EU/US: (Egypt/Cuba/Libyan Arab Jamahiriya/Syria/Benin: which is required at national and international levels as mentioned in the Millennium Declaration.)] ***(Pending)***

106. Efforts should be made to promote institutional follow-up to the Plan of Action, including as appropriate, the establishment of agencies on ageing and national committees. National committees on ageing that include representatives of relevant sectors of civil society, especially organizations of older persons, can make very valuable contributions and can serve as national advisory and coordinating mechanisms on ageing. ***(Agreed)***

107. Other crucial elements of implementation include effective organizations of older persons; educational, training and research activities on ageing; and national data collection and analysis, such as the compilation of gender and age specific information for policy planning, monitoring and evaluation. Independent, impartial

monitoring of progress in implementation is also valuable and can be conducted by autonomous institutions. Governments, as well as civil society, can facilitate the mobilization of resources by organizations representing and supporting older persons by increasing incentives. ***(Agreed ad referendum)***

International action

108. [US/EU/Canada: Increased] international cooperation, technical assistance and the provision of financial assistance are [US/EU/Canada: essential]] [EU: **(US: needed)**] to support developing countries and countries with economies in transition to implement this Plan. **(G77: inter alia, strengthening the capacity of developing countries and countries with economies in transition to address the obstacles that hinder their participation in an increasingly globalized economy [G77: (US: in order to have a better possibility to eradicate poverty among older persons.)]**

EU proposes alternative text:

(Globalization and continuing rapid technological advances offer unprecedented opportunities for social and economic development. At the same time, they continue to present serious challenges, including widespread financial crisis, insecurity, poverty, exclusion and inequality within and among societies. Considerable obstacles to further integration and full participation in the global economy remain for developing countries, in particular the least developed countries, as well as for some countries with economies in transition. Unless the benefits of social and economic development are extended to all countries, a growing number of people in all countries and even entire regions will remain marginalized from the global economy. We must act now in order to overcome those obstacles affecting peoples and countries and to realize the full potential of opportunities presented for the benefit of all.) ***(Political Declaration, para. 4 Copenhagen plus 5)***

- **([US: Ensure] [G77/EU: (US: Encourage)] the effective involvement of developing countries and countries with economies in transition in the international economic decision-making process through, inter alia, greater participation in international economic forums, ensuring transparency and accountability of international financial institutions to accord a central position for social development in their policies and programmes.)** ***(Part 3, commitment 1, para. 14) (Pending)***

US/Canada proposes alternative text:

(Sustain international efforts that are under way to reform the international financial architecture with greater transparency and the effective participation of developing countries and countries with economies in transition. Reaffirm the importance of continuing to improve global economic governance and strengthening the United Nations leadership role in promoting development.) ***(paras. 52 and 53 of Monterrey)***

- **(Calling for speedy and concerted action to address effectively debt problems of least developed countries, low-income developing countries and middle-income developing countries in a comprehensive, equitable development oriented and durable way through various national and international measures designed to make their debt [G77: manageable] (G77: sustainable) in the long**

term including as appropriate existing orderly mechanisms for debt reduction such as debt swaps for poverty eradication projects.) ***(Pending)***

EU proposes alternative text:

(Calling for concerted national and international action to address effectively debit problems of low and middle-income developing countries with a view to resolving their potential long-term debt, sustainability problems through various debt-treatment measures, including, as appropriate, orderly mechanisms for debit reduction, and encouraging all creditor and debtor countries to utilize to the fullest extent possible, where appropriate all existing mechanisms for debt reduction.) ***(Part 3, commitment 8 number 143 (c))***

- **(US: Urging the developed countries that have not done so, to strive to meet the targets of 0.7 per cent of their GNP for overall official development assistance for least developed countries, as agreed as soon as possible). [US: Calling for continued international cooperation, including the reaffirmation to try to fulfil the yet to be attained internationally agreed target of 0.7 per cent of GNP in overall ODA as soon as possible.)]** ***(Pending)***

EU proposes alternative text:

(Calling for continued international cooperation, including the reaffirmation to strive to fulfil the yet to be attained internationally agreed target of 0.7 percent of the GNP of developed countries for overall official development assistance as soon as possible, thereby increasing the flow of resources for social development.) ***(Part 3, commitment 8, number 143 (d)) (Pending)***

US proposes alternative text:

(Urges developed countries that have not done so to make concrete efforts towards the target of 0.7 per cent of gross national product (GNP) as ODA to developing countries and 0.15 per cent of GNP of developed countries to least developed countries and encourages developing countries to build on progress achieved in ensuring that ODA is used effectively to help achieve development goals and targets.

Recognizes that a substantial increase in ODA and other resources will be required if developing countries are to achieve the internationally agreed development goals and objectives, including raising the flow of resources for social development.) ***(paras. 42 and 41 of Monterrey)***

109. Enhanced and focused international cooperation and an effective commitment by developed countries and international development agencies will enhance and enable the implementation of the Plan.

International financial institutions and regional development banks are invited to examine and adjust their lending and grants practices to ensure that older persons are recognized as a development resource and taken into account in their policies and projects as part of efforts to assist developing countries and [Russian Federation: some] countries with economies in transition in the implementation of the Plan of Action.

Similarly, commitment by United Nations funds and programmes to ensure integration of ageing in their programmes and projects, including at country level, is important. Support by the international community and international development

agencies for organizations that specifically promote training and capacity-building on ageing in developing countries is extremely important. ***(Agreed)*** [G77/US: Other priorities for international cooperation on ageing should include formulation, monitoring and evaluation of policies and programmes [US: **(G77: of international organizations;] exchange of)**: research and data [G77: collection] to support policy and programme development as appropriate; establishment of income generating projects; and information dissemination and sharing of best practices.] ***(Pending)***

EU reserves its position on paragraph 110 pending clarification.

110. The United Nations System Chief Executives Board for Coordination should include system-wide implementation of the Plan of Action in its agenda. The focal points that were set up within the United Nations system **(US: , including its specialized agencies, particularly the World Health Organization and the International Labour Organization, and funds, particularly the United Nations Population Fund)** in preparation for the World Assembly on Ageing should be maintained and strengthened. The institutional capacity of the United Nations system to undertake its responsibilities for implementation of the Plan should be improved. ***(Pending)***

111. As the focal point on ageing in the United Nations system, the primary action of the Department of Economic and Social Affairs programme on ageing will be to facilitate and promote the Plan, including: designing guidelines for policy development and implementation; advocating means to mainstream ageing issues into development agendas; engaging in dialogue with civil society and the private sector; and information exchange. ***(Agreed)***

112. The United Nations regional commissions have responsibility for translating the Plan into regional action plans. They should also assist upon request, national institutions in implementation and monitoring of their actions on ageing. The Economic and Social Council could strengthen the capacity of the regional commissions in this respect. Regional non-governmental organizations should be supported in their efforts to develop networks to promote the Plan. ***(Agreed)***

Research

113. There is a need to encourage and advance comprehensive, diversified and specialized research on ageing in all countries, particularly in developing countries. Research, including age and gender-sensitive data collection and analysis, provides essential evidence for effective policies. A principal task of the research component of the Plan is to facilitate as appropriate, the implementation of the recommendations and actions defined in the Plan of Action. **(The availability of reliable information is indispensable in identifying emerging issues and adopting recommendations. Elaborating and using, as appropriate, comprehensive and practical tools for evaluation such as key indicators, is also necessary to facilitate a timely policy response.)** [G77: The process of evaluation must be both reliable and independent] ***(Pending)***

114. [G77: [A worldwide] **(EU: An International)** research **(US: at the global level)** [US: agenda] on ageing **is (also)** needed **(EU: to support international policy responses)** [to serve as a background for policy response]to ageing and to the operational success of the Plan. Such an agenda should identify priorities and key methodological issues for [EU: policy-oriented] research. This would assist in promoting international coordination of research on ageing.] ***(Pending)***

Global monitoring, review and updating

115. Systematic review of implementation of the Plan by Member States is essential for its success in improving the quality of life of older persons. Governments, in cooperation with other stakeholders, can decide on appropriate review arrangements. Sharing of the outcomes of regular review among Member States would be valuable. ***(Agreed)***

116. [G77: Global [US: monitoring and] review will take place [US: through a focused global inquiry to be conducted] every five years by the Department of Economic and Social Affairs under the direction of the Commission for Social Development. The assistance of organizations of the United Nations system will be requested in the elaboration of indicators of the quality of life of older persons]. ***(Pending) (G77 proposes to rep'ace with alternative para. 117 below)***

EU reserves its position on paras. 116 and 117 pending clarification.

117. The Commission for Social Development will [US: also] make proposals for updating the Plan as necessary **(US: based on the results of the five-year review)**. It is proposed that the results of the [US: focused inquiry] **(US: review)** be discussed by the Commission every five years. The findings and recommendations will be transmitted to the Economic and Social Council and the General Assembly for consideration. ***(Pending)***

G77 proposes alternative text to replace paras. 116 and 117:

(The Commission for Social Development will be responsible for follow-up and appraisal of the implementation of the Plan of Action. [EU: At each session,] the Commission should integrate the different dimensions of population ageing as contained in the current Plan of Action in the context of its main theme. [EU: Reviews and appraisals should take place every five years. The findings and recommendations should be transmitted to the Economic and Social Council and the General Assembly for consideration.]) *(Pending)*

Notes

[1] Report of the World Assembly on Ageing, Vienna, 26 July-6 August 1982 (United Nations publication, Sales No. E.82.I.16), chap. VI, sect. A.

[2] General Assembly resolution 46/91, annex.

[3] Health for All in the Twenty-First Century and the Alma-Ata Declaration, 1978; Vienna Declaration and Programme of Action of the World Conference on Human Rights, 1993; Programme of Action of the International Conference on Population and Development, 1994; the twenty-third special session of the General Assembly on "Women 2000; gender equality, development and peace for the twenty-first century"; Copenhagen Declaration and Programme of Action of the World Summit for Social Development, 1995; Beijing Declaration and the Platform for Action of the Fourth World Conference on Women, 1995; the Habitat Agenda and the Istanbul Declaration on Human Settlements of the Second United Nations Conference on Human Settlements (Habitat II), 1996; Rome Declaration on World Food Security and World Food Summit Plan of Action (1996); Dakar Framework for Action of the World Education Forum, 2000; the Further initiatives for social development adopted at the twenty-fourth special session of the General Assembly, 1 July 2000; the United Nations Millennium Declaration of the United Nations Millennium Summit, 2000; the Declaration of Commitment on HIV/AIDS, 2001; the Declaration of the World Conference against Racism of the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance; and the special session of

the United Nations General Assembly for the review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development; and the special session of the General Assembly for a review of the implementation of the Habitat agenda. ***(Agreed ad referendum)***